C+D
13 May 2006
Chemist+Druggist
www.dotpharmacy.com

News: Nucare closes its loss-making wholesale business

News: £25 million to be cut from dressings budget as DH cuts reimbursement

Feature: Platinum Design Award winners celebrate best in British pharmacy

New feature: Mike Long is the first of our Pharmacy Champions

IF YOUR CUSTOMERS THINK A NASAL SPRAY COULD NEVER BEAT ANTIHISTAMINE TABLETS

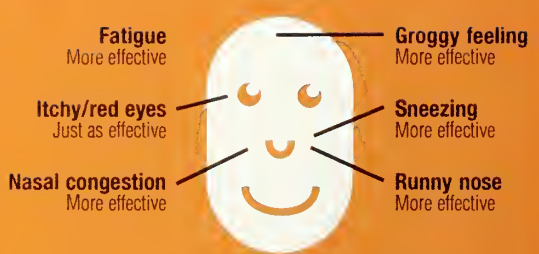
SOMEONE'S PULLED THE WOOL OVER THEIR EYES[1-9]

It's time to clear up woolly thinking amongst allergy sufferers and stop your customers missing out on an effective hayfever treatment. Start by giving them the facts about Flixonase Allergy Nasal Spray:

Flixonase Allergy treats more than just nasal symptoms
You may find it surprising, but Flixonase Allergy is a nasal spray that tackles nearly all of the unpleasant symptoms that the hayfever season can throw at them, even the itchy eyes and groggy head.

Flixonase Allergy is more effective than once-a-day antihistamine tablets[1-5,9-11]
While it's effective on itchy, red eyes, Flixonase Allergy beats once-a-day antihistamines hands down on relieving sneezing, runny noses, nasal congestion and groggy heads due to allergy.[1-5,9]

Flixonase Allergy is not an add-on treatment
Flixonase Allergy builds up to its full effect over 3-4 days. If customers continue to take it once a day, they could enjoy a hayfever-free summer.



And did you also know what a popular choice Flixonase Allergy could be?

8 out of 10 antihistamine tablet users who tried Flixonase Allergy preferred it[12]
So don't let woolly thinking spoil their summer. Recommend Flixonase Allergy, because nothing is more effective for hayfever without prescription.

fluticasone

SO MUCH MORE THAN AN ANTIHISTAMINE

Flixonase Allergy Nasal Spray Product Information. Presentation: Aqueous nasal spray suspension containing 50 micrograms of fluticasone propionate per spray. **Uses:** Prevention and treatment of allergic rhinitis. **Dosage and administration:** Intranasal use only. *Adults and the healthy elderly:* Two sprays into each nostril once a day, preferably in the morning. Use twice daily if required. Do not use more than 4 sprays a day in each nostril. Prophylaxis of allergic rhinitis requires treatment before contact with allergen. *Children under 18 years:* Not to be used. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** If symptoms have not improved after 7 days or, if symptoms have improved but are not adequately controlled, consult a doctor. Not to be used for more than 3 months continuously without consulting a doctor. Consult a doctor before use in: concomitant use of other corticosteroid products, nasal/sinus infection, recent nasal injury/surgery, nasal ulceration. Risk of adrenal suppression with higher than recommended doses. Significant interactions between fluticasone propionate and potent inhibitors of the cytochrome P450 3A4 system, e.g. ketoconazole and protease inhibitors, such as ritonavir, may occur. This may result in increased systemic exposure to fluticasone propionate. **Side effects:** Dryness and irritation of the nose and throat, unpleasant taste and smell, headache and epistaxis. Hypersensitivity reactions including skin rash and oedema of the face or tongue. Rarely anaphylaxis/anaphylactic reactions and bronchospasm. Extremely rarely nasal ulceration and nasal septal perforation usually following previous nasal surgery. **Pregnancy and lactation:** Do not use except with medical advice. **Legal category:** P. **Product licence number:** PL 10949/0360. **Product licence holder:** Allen & Hanburys, Stockley Park, Middlesex, UB11 1BT. Further information available on request from Medical and Consumer Affairs, GlaxoSmithKline Consumer Healthcare, Brentford, Middlesex, TW8 9GS. **Package quantity and RSP:** 60 spray pack £6.79. **Date of preparation:** December 2002. **Flixonase** is a registered trade mark of the GlaxoSmithKline group of companies.

References:
1. Ratner PH *et al.* J Fam Prac 1998; **47:** 118-125. **2.** Stricker WE *et al.* Ann Allergy Asthma Immunol 1998; **80:** 115. **3.** Kaszuba SM *et al.* Arch Intern Med 2001; **161:** 2581-2587. **4.** Jordana G *et al.* JACI 1996; **97:** 588-595. **5.** Gehanno P and Desfougeres J-L. Allergy 1997; **52:** 445-450. **6.** Weiner JM, Abramson MJ, Puy RM. BMJ 1998; **317:** 1624-9. **7.** Foresi A. Allergy 2000; **62:** 12-14. **8.** Stricker *et al.* J. Fam. Pract 1994; **38:** 14-22. **9.** Vervloet D, Charpin D, Desfougeres JL. Clin Drug Invest 1997; **13**(6): 291-298. **10.** Bernstein DI *et al.* Clin Exp Allergy 2004; **34:** 952-957. **11.** Van Bavel JH *et al.* Ann Allergy Asthma Immunol 1997; **78:** 128. **12.** GlaxoSmithKline allergy spotlight research 2003.

gsk GlaxoSmithKline Consumer Healthcare

C+D

13 May 2006

Volume 265 No 6545

ISSN 0009-3033

Chemist+Druggist

www.dotpharmacy.com

News 4-12

Nucare closes loss-making wholesale arm 4
Downturn in profits at wholesaling division attributed to increasingly competitive PI market

RPSGB keeps tabs on DMU 5
Another year under the spotlight for Leicester school of pharmacy as it fails to achieve five point action plan

PCTs show inconsistency over consulting rooms 6
NPA calls for consistent approach to accrediting pharmacy consultation areas

Council blocks plan for pharmacy-led centre 8
Hackney Council brands proposal for £1 million one-stop NHS clinic an 'eyesore'

'Only pharmacists can supervise' 10
NPA discussion paper suggests ways to ensure adequate supervision of pharmacy services

100-hour pharmacies: threat to out of hours? 12
Rota services could face more pressures if PCTs use 100-hour pharmacies for out of hours cover

14

5

Opinion 16-17

Editor's comment
CCA Comment
Xrayser
Hospital Report

Clinical 21-27

Pharmacy Update – Amorolfine POM to P
Clinical News
A practical approach...

Products & Marketing 28-29

Hermesetas Mini; Phyto Soya Ultra; Imodium; Piriton; Profoot; Huggies

Features 30-37

Platinum Design Awards 14
Rewarding Britain's best pharmacy shop fits

Pharmacy Champions 19
Meet Mike Long

Wound management 30
Sarah Cockbill explains the latest approaches to dealing with wounds

On top of clinical governance? 36
David Reissner looks at the implications for pharmacists with regards to clinical governance

Recruitment & Classified 38-41

Star job
PSNC is looking for a technician or dispenser; hours negotiable

On TV next week 29
Out of Hours 42

Cover image: Mike Long [illegible] Champion. Mr Long set [illegible] coagulation service at [illegible] Pharmacy, London [illegible] Picture by Angus [illegible]

Nucare's loss-making wholesale arm closes

Wholesalers Competitive market results in profits downturn

Gary Paragpuri

Nucare closed its wholesaling division on Tuesday this week, blaming an increasingly competitive market for a downturn in profits this year. About 30 people are expected to lose their jobs.

Nucare chairman Michael Major said "adverse changes in the pharmaceutical wholesaling market" had placed Nucare "under pressure". In particular, he said the latest PPRS agreement had led to a shrinking of the PI market as manufacturers cut prices to compete with PIs.

Watford-based wholesaler Sigma Pharmaceuticals will take over the distribution function for Nucare customers from Monday.

Nucare will now concentrate on developing its range of professional services and expanding its 24-strong chain of pharmacies, which it hopes to increase to 50 over the "next few years".

"Nucare has always been a dedicated buying and marketing services group and more recently a retail chain for independent pharmacy, and this is where we need to concentrate and focus," Mr Major said.

The company said the five-year-old wholesaling division, which contributed about £27 million of the group's £57m turnover in 2005, had been losing money "over the last eight or nine months".

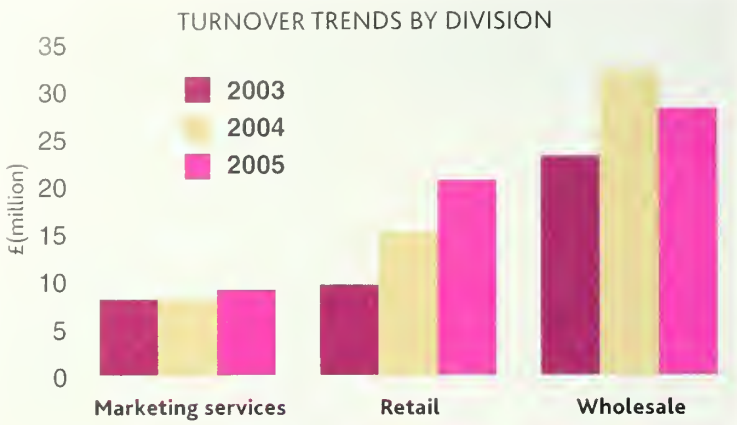
Although the turnover had remained steady, profitability had suffered, it added. The company has also made no decision over whether the Milton Keynes site will be sold.

"We have a finite amount of resources and going forward we have to do more of the activity that is rewarding," chief executive Mahesh Shah added.

Following the closure of the wholesaling arm, the company's income streams will include own-label and brand sales, marketing, and its retail outlets.

The group has also been approached by European companies seeking advice on how to enter the UK market, Mr Shah added. But chairman Mr Major ruled out a possible merger for Nucare. "It is not our intention to become part of a larger organisation," he said.

Speaking at the group's annual conference last weekend, Mr Shah said Nucare planned to "get back to its roots" by having a greater focus on supporting community pharmacy. Nucare planned to test two concept stores and dispensing automation in the coming year, Mr Shah told delegates.



Nucare's wholesaling turnover fell by 12 per cent in 2005

Kennedy out, Burnham in

Politics Andy Burnham is new pharmacy minister

Jane Kennedy has quit as health minister as part of the government reshuffle in protest over NHS reform.

Her replacement as minister for state for delivery and quality is Andy Burnham, Leigh MP. Moving from the Home Office, Mr Burnham is new to the Department of Health but is experienced in the sector, having served as a member of the Commons health select committee. He is said to be a committed moderniser, and is unlikely to have difficulty with the changes being made to the NHS.

Ms Kennedy said she no longer felt able to carry out her job without clashing with other ministers: "I have had disagreements with the way in which certain aspects of health reforms were being dealt with, and it obviously led to some disputes with fellow ministers and some at Number 10." Payment by results had been a particular concern, she added. **CB**

Andy Burnham: committed moderniser

DH plans pose further threat to pharmacy purchase profits

Industry Value for money quest by government leads to reduction in reimbursement fees in August

Max Gosney

Pharmacists face further losses on purchase profits under Department of Health (DH) plans to reduce reimbursement fees for dressings and chemical reagents this August.

Contractors could lose out on around £25 million as the government seeks 'value for money' from primary care, according to a DH consultation document.

Industry experts condemned Richmond House over proposals to cut pharmacists' reimbursement by 5 per cent on dressings and 15 per cent on chemical reagents.

Raj Nutan, the NPA's pharmacy business manager, said: "I think this is short-term thinking by the DH. Our major concern is, does this reflect the funding principles of the new contract, which maintained an element of purchase profits?"

The NHS cost-cutting measures had dropped a "bombshell" on pharmacists, claimed Bharat Shah, Sigma Pharmaceuticals' managing director. "They're [DH] trying to take more money away from pharmacists. It's almost implementing a blanket reduction in Drug Tariff prices and I'm disappointed the government has done this," he told C+D.

The DH proposals appeared to single out pharmacists as a source of savings, stated Mr Shah. "I'm surprised there's little coverage of appliance contractors who also supply these products to patients. They appear to have left them alone while cracking down on pharmacists."

Mr Shah encouraged contractors to contact the DH over their concerns. "Contractors seem to lose out partly because they turn a blind eye to consultation papers like this."

Contractors can view the DH proposals by logging onto http://tinyurl.co.uk/izbl. The deadline for responses is June 6.

Payment for the supply of incontinence and stoma appliances could also be hit by the DH. Richmond House said it was reviewing "how best to achieve transparency between item price and service costs in each of these areas" via a series of meetings with industry and patient groups.

What it will mean:

- Around £6m drop in reimbursement of dressings.
- Around £19m taken out of chemical reagents payments.

Best advice:

- Maintain stocks – pharmacists should avoid running down stocks on affected products, according to the NPA. Contractors could lose customers who pick up dressings/reagents as part of a larger prescription, warned the organisation.
- Respond to the proposals – concerns can be raised by contacting the DH by email at primaryandacute.part9@dh.gsi.gov.uk You can also contact C+D at mgosney@cmpi.biz

A pigeon leaves Devonport Hospital with a blood sample in a snapshot of how the NHS used to work. This image is from the archives of Magnum Photos, which is compiling an exhibition to mark the NHS's 60th anniversary in 2008. It will contrast the state of healthcare after 60 years and is calling for healthcare professionals to highlight areas that are important today for 10 new photography commissions. Suggestions to betha@magnum photos.co.uk by July 31

RPSGB keeps tabs on DMU

Education Leicester school of pharmacy fails to achieve five point action plan

The Leicester school of pharmacy at De Montfort University suffered a setback last week after failing to lose the probationary status imposed by the RPSGB.

A meeting of the Society's education committee on May 4 found that the school had not achieved the five point action plan forced upon it following a marking scandal last year. It will continue to be monitored for another year.

Chairman of the RPSGB education committee Graham Phillips said: "What went on in 2004 was unacceptable and the Society won't defend it. There were concerns for public protection, for the students who were let down by the system, and for the integrity of the RPSGB and for the reputation of the profession more widely."

Following a three-day assessment in March, the RPSGB found "no significant concerns" at DMU, praising the efforts of the staff at the school. However, the Society discovered that two students whose first year marks had been upgraded had not embarked on a monitoring programme, which was stipulated by the RPSGB as one of five probationary measures.

"What happened there should never have happened. The only way to be certain that this was not just a blip is to closely monitor for a suitable period of time," said Mr Phillips.

Graham Phillips: RPSGB will monitor closely

A DMU spokesman said the necessary measures would be met within the required time frame and that probationary status would be rescinded well in advance of the graduation of the 2004 first year students who were affected.

He added: "The RPSGB, public and future employers of all these students will be assured our graduates are fully prepared for pre-registration training."

Changes to the course include teaching pharmaceutics in modules containing both practical and taught components. Material has also been moved to later in the course where appropriate.

Documents obtained by C+D through the Freedom of Information Act show that only 50 per cent of first year students in the 2003-04 intake progressed to level 2 prior to resit exams, compared with a post-resit figure of 73 per cent the year before. **TH**

Stop Press

Minister defers pharmacy lists

Government plans to introduce a fitness to practise list for England's community pharmacists have been put on hold.

Health minister Andy Burnham announced on Wednesday that the introduction of NHS supplementary list provisions for pharmacists would be deferred in light of the ongoing Section 60 consultation on reforming pharmacy regulation and the Foster inquiry into the regulation of non-medical health professionals.

"I will make a further announcement when we have completed this work," he added.

News in brief

Drury tops Council poll

David Carter, Brian Curwain, Dorothy Drury, Andrew Gush and Douglas Simpson have been elected to the Council of the RPSGB.

Ms Drury received the most votes (4,652) followed by Mr Carter (4,635), Mr Simpson (3,971), Mr Gush (3,879) and Mr Curwain (3,748). The newly elected candidates take office from May 25.

Some 45,742 ballot papers distributed, of which 9,656 (21 per cent) were returned and counted.

NPA toolkit for Wales

The NPA has launched a guide to commissioning enhanced pharmacy services in Wales. The toolkit will help pharmacists plan and implement enhanced services under the new contract, and includes tips on dealing with local health boards. Copies are available by emailing nhs.dev@npa.co.uk or telephoning 01727 858687, extension 3217.

Decongestant warning

The RPSGB is advising pharmacists to watch out for individuals requesting excessive quantities of OTC decongestants.

Ephedrine and pseudoephedrine are relatively easy to convert to metamfetamine – also known as crystal meth – a CNS stimulant commonly abused in the US. For this reason, the RPSGB says that pharmacists should question anyone trying to obtain large supplies of products containing either ingredient

PCTs show inconsistency over consultation rooms

Practice Original guidelines were ambiguous, says NPA practice committee

Gary Paragpuri

Primary care trusts are failing to ensure a consistent approach when accrediting pharmacy consultation areas, the National Pharmacy Association has warned.

Pharmacists have reported that the "same consulting rooms complying to the set standards are being interpreted differently by various PCTs", the NPA's practice committee has stated.

The original guidelines are "ambiguous and open to subjective interpretation" the committee said, and it was no surprise that PCTs were inconsistent in their accreditation.

The guidelines – which state that patients and pharmacists must be able to sit and talk without being overheard – are patient focused, the committee has claimed. "And to afford patients the privacy they need, PCTs should adopt proportionality in dealing with the issue of noise and consultation areas," it said.

An example of a good consultation room. Picture courtesy of NPA

Patients, and not the PCT, should have the final decision on the suitability of the area, it added.

Pharmacists can address soundproofing concerns by using more appropriate materials when installing consultation areas, Neil Williamson, head of pharmacy planning at the NPA, advised. Glass panels with no door, curtains, or bi-fold doors were unsuitable because they either allowed sound to bounce off them or pass through them.

Consultation areas should ideally have ceiling to floor panels and have a door, he added. The NPA's guide to consultation rooms has just been updated to take into account recent experience and will be due shortly, Mr Williamson added.

Turn to page 14 for news of prize-winning designs ›

Evans takes AIMp role

Multiples Pharmacists urged to meet local MP

The Association of Independent Multiple Pharmacies (AIMp) has elected David Evans of Manor Pharmacy as PSNC representative. Mr Evans replaces Kirit Patel.

At the AIMp quarterly conference, Sandra Gidley MP urged pharmacists as well as their associations to respond to consultations affecting pharmacy, engage in pharmacy politics and to get involved with their local MP. "The future of pharmacy is in your hands," she said.

Former NPA chairman Ash Soni also advised on supplementary and independent prescribing in pharmacy. Mr Soni discussed further education choices, getting started with PCT support, funding, and returning to study.

Other topics covered were: changes at the PPA and Drug Tariff amendments, the preparation and use of PGDs, and new veterinary medicines legislation. **AC**

PPA agrees oxygen claim

NPA Response from template letter 'sets precedent'

A Staffordshire pharmacist has been told he will receive out of pocket expenses for the rental he has paid on large oxygen cylinders.

Sean Woodward, proprietor of two pharmacies in Stoke-on-Trent and a National Pharmacy Association board member, submitted a claim to the Prescription Pricing Authority for more than £300 of charges paid from July to December 2005.

Mr Woodward sent a customised NPA template letter to the PPA, with copies of statements from the oxygen company, at the beginning of April. He has now been told his expenses would be reimbursed.

"This sets a precedent for all our members. Don't give up, and put your claims in for these charges," commented Mr Woodward. The template letter, which has been drawn up following legal advice, can be obtained from the NPAnet. **AF**

NHS Direct eyes opportunities

Practice Organisation lays foundations to compete

NHS Direct could be competing to provide pharmacy services as early as next year. From April 2007, NHS Direct will be an NHS trust, with plans to become an NHS foundation trust as soon as possible after that.

This will enable NHS Direct to develop local services, commissioned by the NHS, the Department of Health or private partners.

However, Anne Joshua, national pharmaceutical adviser to NHS Direct, says its aim is to work more closely with existing providers such as community pharmacists, who would be able to deliver emergency access to repeat medicines under a PGD model similar to Scotland.

NHS Direct chairman David Edmonds said foundation trust status would give it greater freedom to manage its own affairs. **AC**

News in brief

Update MCQ error

The Update questionnaire contained in last week's C+D contained an error.

Question two for module 1365 (lipids) should read: "A total serum cholesterol level of 6.5mmol/l compared to 5.2mmol/l doubles the risk of CVD." As a result, this question will not be counted towards the Knockout competition. We apologise for the mistake.

First accredited system

Lloydspharmacy has become the first pharmacy chain to receive accreditation for its electronic prescription service (release one) dispensary system. The Connecting for Health-approved system has already been installed in all 1,270 English Lloydspharmacy branches.

AAH EPS update

AAH is now promoting its 'onestopshop' LinkEvolution installation process ahead of the 2007 total EPS compliance deadline. It has now installed its accredited LinkEvolution electronic prescription service (EPS) software in over 300 community pharmacies in England since January 2006.

PCTs face cuts

Primary care trust numbers could be cut by a third to 131, according to the 'Health Services Journal'. Each strategic health authority has put forward plans to the Department of Health for new PCT configurations, a report in the April 27 issue said. The DH was unable to confirm the figure as C+D went to press.

UCA conference

The annual conference of the Ulster Chemists' Association will be held at Belfast's Wellington Park Hotel next Sunday, May 21. Sessions will run from 10am until 3:30pm along the theme 'Implementation of additional pharmacy services'.

NPSA extranet

The National Patient Safety Agency has launched a secure extranet to give all NHS organisations in England and Wales access to data on patient safety incidents. Content has been developed using feedback from a pilot run by the NPSA with eight trusts for three months.

We're expecting our sales to hit new heights this summer

- Targeted multimedia campaign
- Zirtek is the number one tablet brand in pharmacy through the key hayfever season*
- Highly visible pack design
- Impactful in store support

Zirtek®
ALLERGY RELIEF
cetirizine hydrochloride

www.zirtek.co.uk

[illegible] technicians join RPSGB register

Pharmacy technicians have embraced the opportunity to sign up to the RPSGB's professional register.

Figures released this week show that more than 3,000 pharmacy technicians have voluntarily joined the list. Registration will be compulsory under the Schedule 60 Order when it comes into effect later this year.

Maureen Wallace of Gill Chemists in Southall, Middlesex, became the 3,000th technician to sign up. "Registering as a pharmacy technician is a step in the right direction towards increased recognition for our profession and for the vital work we do," she said.

The pharmacy technicians' register defines standards for the profession. Application packs are available from www.rpsgb.org, via email at pharmacytechnician@rpsgb.org or by phoning 0207 572 2610. **TH**

News in brief

NHS deficits inquiry

A House of Commons health committee is to carry out an inquiry into NHS deficits in order to determine the size of the shortfall and the savings that each primary care trust will have to make in 2006-07.

The inquiry aims to determine the reasons for the losses and their effect on care and job losses.

Plug in with spinal tap

An IT gadget, which aims to provide contractors with easy access to electronic data on the NHS, has been launched.

Quicksilva Software Solutions said the 'spinal tap' tool would allow pharmacists to "seamlessly" plug into the NHS spine when carrying out the electronic transfer of prescriptions.

Council blocks plan for pharmacy-led centre

Practice Hackney councillors brand proposed building overbearing and incongruous

Max Gosney

The million pound design has been blocked, but customers approve

A pharmacist's bid to create a £1 million health centre has been blocked by local councillors who branded the building an eyesore.

Contractor Prashant Patel accused Hackney Council of compromising local healthcare after it rejected his proposals for a one-stop NHS clinic at his pharmacy in Mare Street, North East London.

However, councillors dismissed Mr Patel's planned premises as "overbearing and incongruous".

Mr Patel, who runs four pharmacies as part of the Clockwork Pharmacy Group, told C+D: "Support has flooded in from our customers for the centre. The local community will lose out if we don't get permission. The council seem to object to the design, but they can hardly be considered experts in that area."

Hackney Council claimed the "scale, massing, bulk, design and materials" of the proposed building would damage the local environment and architecture. But Mr Patel was confident the council's decision would be overturned on appeal.

The proposed health centre would feature a pharmacy, GP, osteopath, acupuncturist and chiropodist. Planned services included minor ailments, blood pressure testing and flu vaccinations scheme.

• Have you had a run-in with your local council? Contact C+D business editor, Max Gosney, on 01732 377315 or email mgosney@cmpi.biz

MUR value to be researched

Education Medway SoP to review effectiveness

Medway School of Pharmacy is researching the value of medicines use reviews.

It is important to disseminate evidence of effectiveness to policymakers and practitioners otherwise pharmacy practice will never change, head of school Professor Clare Mackie told an invited audience at her inaugural lecture last week.

Schools of pharmacy need to devise curricula that meet the needs of a rapidly changing healthcare system, said Prof Mackie. The Medway degree concentrated on providing problem-based learning in pharmacy practice.

First and second year students had already had more than 4,000 placement days in local hospitals and pharmacies, and the number will rise to 10,000 in the 2006-07 academic year. The school plans to open practice clinics for diabetic and asthmatic patients later this year. **PG**

Professor Mackie: disseminate evidence

Nine bids for OTC sale pilot

Practice Applicants rush to be mystery shopper

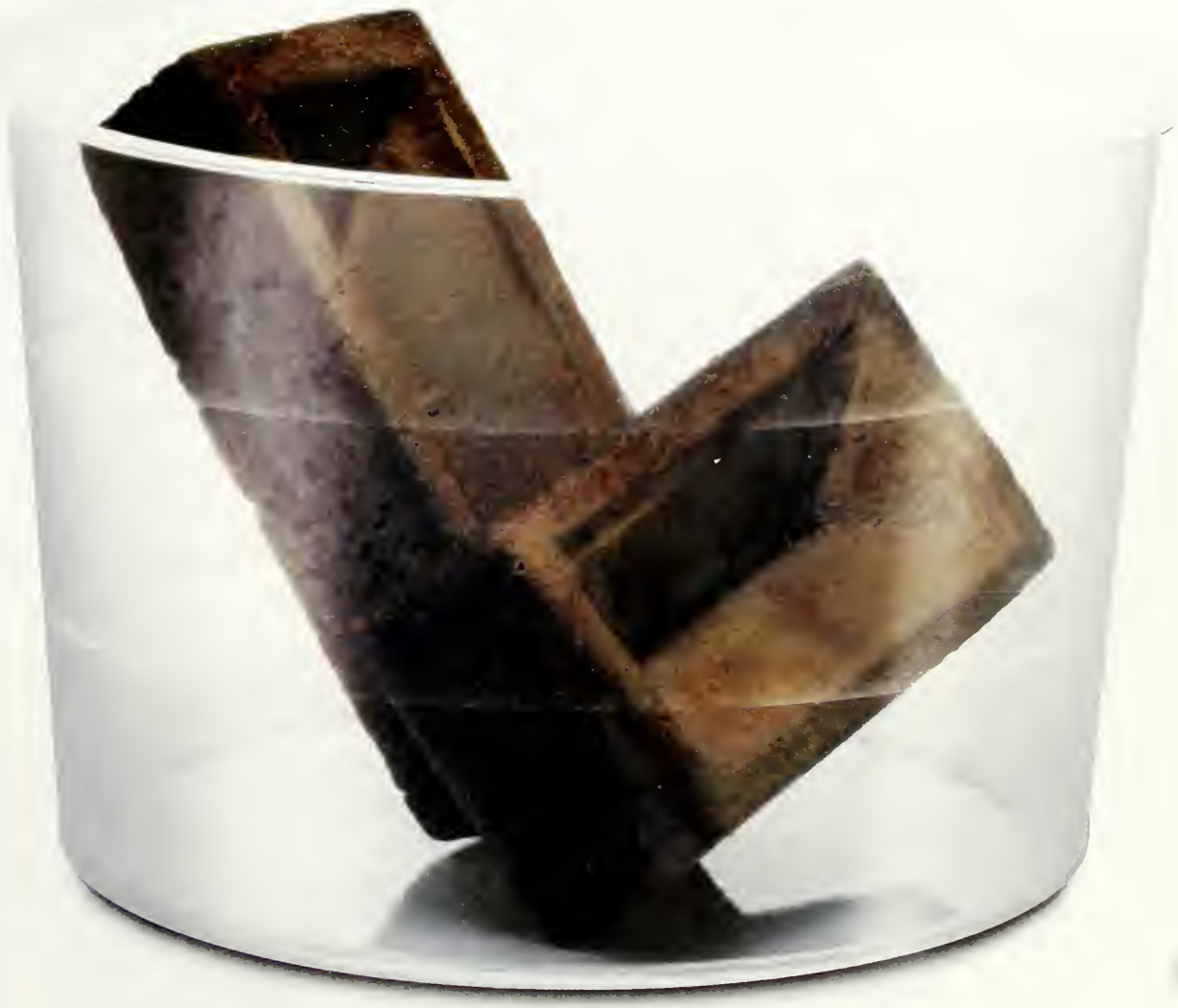
Nine tenders have been submitted to provide mystery shoppers for a pilot to assess how well pharmacies sell OTC products.

The Simulated Patient Project pilo funded by the Royal Pharmaceutical Society and the National Pharmacy Association, will start when the successful applicant has been choser The project is likely to be completed this year, and a progress report will b presented at September's BPC, said the RPSGB.

'Mystery' patients will visit pharmacies with health problems, and will give the pharmacist immediate feedback to help identify training and development needs. **AF**

Problem?

Swallowing difficulties, or Dysphagia, is a widespread problem among people taking tablets. Patients and carers alike open capsules, crush tablets or mix medicine into food and drink to aid administration which can render medicine ineffective. The New Pharmacy Contract encourages pharmacists to ask patients about swallowing difficulties on a more regular basis and to supply an alternative solution. Rosemont focus on liquid solutions and offer treatment in a wide range of therapeutic areas.



Rosemont™

The source of liquid solutions.

Rosemont Pharmaceuticals Ltd. Rosemont House, Yorkdale Industrial Park, Braithwaite Street, Leeds LS11 9XE **T** +44 (0)113 244 1400 **F** +44 (0)113 244 1401
E infodesk@rosemontpharma.com Sales/Customer Service: **T** +44 (0) 113 244 1999 **F** +44 (0) 113 246 0738 **W** www.rosemontpharma.com

Information about adverse event reporting can be found at www.yellowcard.gov.uk Adverse events should also be reported to Rosemont Pharmaceuticals Ltd.

pharmacists can supervise'

Previous NPA suggests various models of maintaining adequate supervision are possible

Pharmacy supervision should not be delegated to any level of support staff, other than a pharmacist, says the National Pharmacy Association. However, it is still possible for responsible pharmacists to establish adequate supervision while they are absent from the pharmacy, the Association has pointed out in a discussion paper on changes in personal control and supervision in pharmacies.

In total, the document raises 12 key points for clarification, including the concept of the responsible pharmacist. It follows the most recent Health Bill, published last year, and a subsequent Department of Health information paper, but does not signal that an official consultation on the proposals is underway. The NPA says its aim is to "inform the DH of its observations at this early stage in the hope that they will be taken on board".

Supporting the proposed 'one pharmacy, one responsible pharmacist' rule, the organisation suggests that various models of maintaining adequate supervision are possible. These include putting in place protocols for suitably qualified support staff to dispense batch issues of repeatable prescriptions, and the presence of an on-site or remote supervising pharmacist, connected via technical link.

The NPA also believes that the role of responsible pharmacist will require manager pharmacists to take on more responsibility for their own actions and it makes the role of the superintendent pharmacist more 'overarching'. It asks: "Will individual pharmacists be prepared to work under these new conditions? Careful consideration must be given to the implications of this change."

The NPA's cautious approach is deliberate, said pharmacy practice director Colette McCreedy. She explained: "Issues such as leaving the pharmacy premises and delegating dispensing cannot be taken lightly – for the sake of the public and the profession. Moreover, many of the developing community pharmacy services are predicated on access to a pharmacist." **AC**

Key NPA position points

- The pharmacist should be responsible for the safe and effective running of the pharmacy – subject to the directions of the superintendent pharmacist (if applicable).
- The superintendent pharmacist should assume overall responsibility for company policies and procedures.
- Pharmacists do not need extra qualifications to be eligible to be a responsible pharmacist.
- A pharmacist cannot be responsible for more than one pharmacy at any one time.
- The responsible pharmacist should be present on the pharmacy premises for the vast majority of the time.
- The responsible pharmacist should be able to use his or her discretion to be absent.

Colette McCreedy: deliberately cautious

- The responsible pharmacist must use procedures to ensure adequate supervision of the sale and supply of medicines.
- A pharmacist who is supervising remotely must remain accessible and make use of technology.
- It should be possible for a pharmacist (who is not a responsible pharmacist) to supervise more than one pharmacy at a time during the absence of the responsible pharmacist.
- Pharmacists should be able to use their discretion to delegate tasks.
- Batch issues of repeat medications can be dispensed by support staff with delegated responsibility.
- Supervision should only be delegated to another pharmacist.

Options for adequate supervision include:

- Engaging another pharmacist to cover the periods of absence.
- Remote supervision by the responsible pharmacist.
- Engaging another pharmacist to supervise remotely.

North stars shine bright at Tesco awards

Retailing Top healthcare awards go to northern stores

Max Gosney

Pharmacy staff at Tesco stores in Doncaster and Prestwich have scooped top pharmacy prizes at the supermarket firm's healthcare awards.

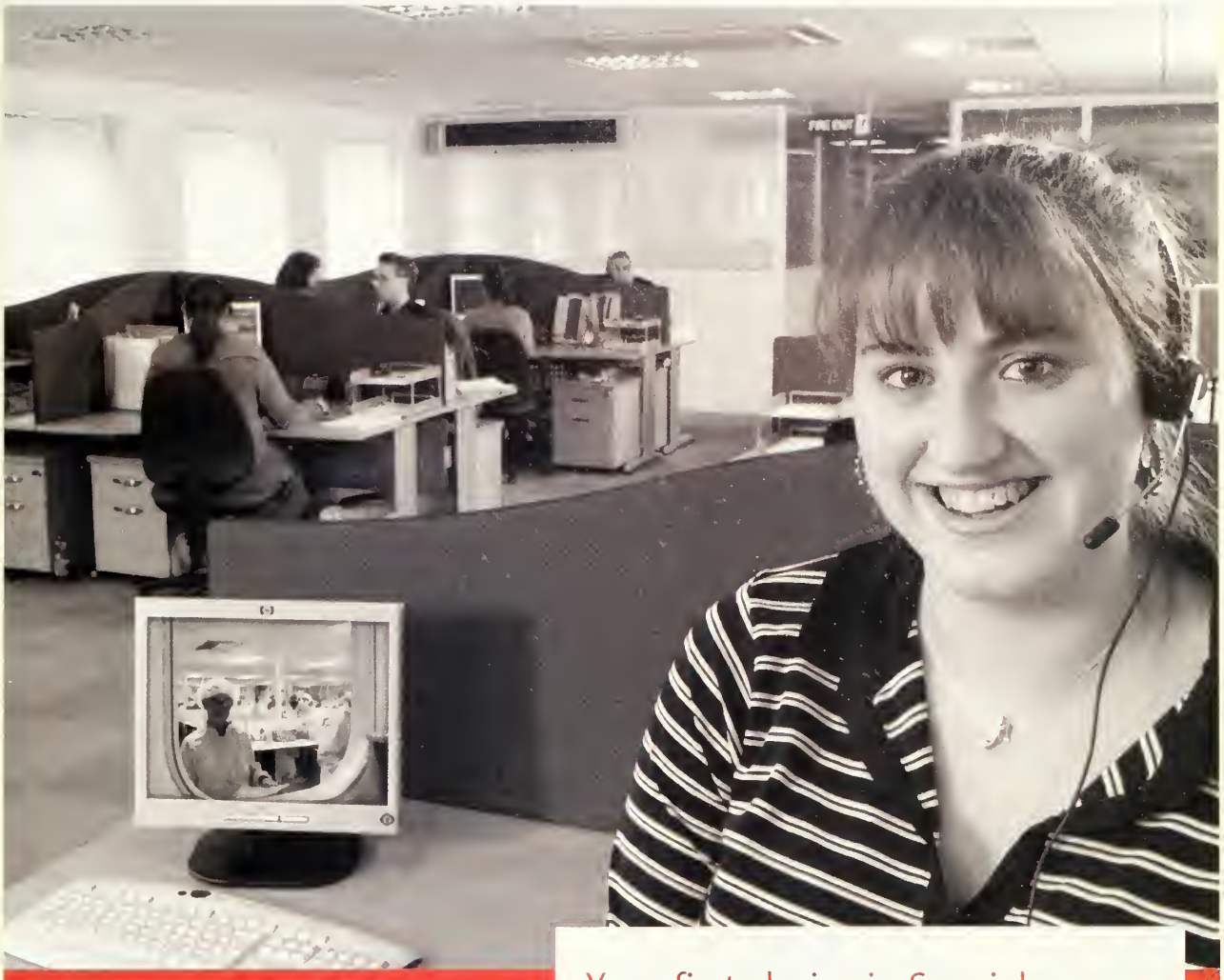
The pharmacy teams beat off competition from 200 rivals to secure the pharmacy of the year and medicine use review (MUR) store of the year accolades at the event in London last week.

Chris Mercer, pharmacy manager at Tesco Extra in Doncaster, said: "We are delighted to have been officially recognised as providers of outstanding local community healthcare. The team has been working together for a few years and everyone is extremely committed."

Kalpna Patel, pharmacy manager at Tesco in Prestwich, Manchester, said the store had promoted a successful MUR service "from day one".

"We actively target all relevant customers as we know the difference an MUR can make to a customer's health," she said.

Steve Ager, stores board director and commercial director for Tesco Grocery, with MUR Store of the Year winner Kalpna Patel and compére Dr Phil Hammond



Martindale™ Specials

We produce the following dosage formats in-house:

- Ampoules
- Capsules
- Creams and gels
- Eye drops
- Ointments
- Pessaries
- Powders
- Solutions
- Suppositories
- Suspensions

Your first choice in Specials

At Martindale™ Specials your patients' needs are paramount at every stage of the order process. From how we take your order, to manufacturing it to our consistently high standards and through to final despatch, our total adherence to quality assurance and control ensures we get it right.

We provide world class service by investing in our facilities and our people.

We improve both quality and shelf life by researching and developing our products.

We help meet your patients' individual needs by working closely with you.

We listen and understand what you need from us to make Martindale™ Specials your first choice for specials.

CardinalHealth
Working together. For life.™

www.cardinalhealth.com/martindale

Freefone 0800 137627
Freefax 0800 393360
martindale-specials@cardinal.com

100-hour pharmacies: threat to out of hours?

Practice ...or will primary care trusts reward existing providers?

Pharmacy rota services could face further pressures if PCTs use 100-hour pharmacies as a cheaper way to improve out of hours cover, an LPC secretary has warned.

But taking such an approach is, at best, short-sighted, and at worst could undermine the existing network of community pharmacies or new approaches to healthcare such as NHS Lift, according to Bury & Rochdale LPC secretary Ian Short.

"Such an approach gives 100-hour pharmacies carte blanche to sink existing pharmacies. PCTs must ask themselves at what cost they take this approach," he added.

But equally PCTs are keen to reward existing providers. Sheffield has three 100-hour pharmacies, with a fourth due to open but the local PCTs have agreed to renew the OOH contract with two other pharmacies that have delivered extended hours for a number of years.

According to Sheffield LPC secretary Steve Freedman: "The PCTs felt that any change to the existing arrangements would risk undermining the excellent service that has been available from both these two providers."

Mr Short and Mr Freedman were commenting following the publication of a National Audit Office report, which found significant scope to reduce the cost of out of hours care provision.

Duncan Selbie, DH director of programmes and performance, has told PCTs to aim for radical improvement in the way out of hours care is secured, by driving value for money from future tendering processes, and testing the cost effective use of other health professionals.

He said that the actual cost of providing out of hours – some £392 million – is well above the £322m allocated by the DH. **AC**

Celesio fails to halt merger

Industry Tribunal finds for AU and Boots

Boots' proposed £7 billion merger with Alliance UniChem can go ahead after the Competition Appeal Tribunal (CAT) rejected rival firm Celesio's challenge to the deal.

Both boards expect that all outstanding preconditions and conditions will be satisfied to enable the merger to become effective on July 31, 2006.

The judgement could trigger an increase in the company's UK pharmacy portfolio, commented a spokesperson for Celesio, which owns Lloydspharmacy. "Celesio is currently analysing the tribunal's judgement and, in particular, the positive implications that this may have as regards its future expansion in the UK market," he said. **MG**

Pharmaceutical wholesaler Sangers received a prize for excellence at the 2006 Belfast Telegraph Northern Ireland Business Awards. Pictured (from left): Amanda Boomer of awards sponsor bmi, John Mawhinney of category sponsor energia, Belfast Telegraph business editor Nigel Tilson, and Sangers' Peter Surgenor

Keep link with registration

RPSGB Membership and registration must stay tied

Registration as a pharmacist and membership of the Society should remain linked, the Institute of Pharmacy Management International has said in its response to the RPSGB's Section 60 consultation.

General secretary Howard McNulty said: "Council has been able to identify only positive patient benefit from this link. [Removing] it will only diminish the public's ability to validate their pharmacist's qualifications and an employer's ability to make checks on an employee's qualification claims."

The IMPI also calls for technicians in Scotland to be regulated, and for more openness in informing employers when a person is being referred to the Statutory Committee. It also believes the order's statement of the RPSGB's main purpose should be amended in line with proposals made by the RPSGB Council.

IMPI also called for consideration of issues including categories of membership, entitlement to registration and pre-reg training. **AC**

LPC trains care centre staff on drug handling and safety

Education One-day course delivered by one LPC member and a pharmacist prescriber

Staff at a Tyneside substance misuse treatment centre learnt about medicines safety at an event organised by the local pharmaceutical committee.

As well as learning about safe handling and the differences between the drugs used to help patients addicted to opiates or alcohol, Phoenix House personnel were given free reign to discuss any concerns they had about treatments.

The one-day course was delivered by Gateshead & South Tyneside LPC committee member Mark Burdon and substance misuse expert and pharmacist prescriber Tony Schofield.

Mr Schofield commented: "Even for those who work with drugs misusers, there are lots of myths, and it was good for them to be able to debate such folklore with two healthcare professionals." He added that while the home used a variety of alternative therapies, he tried to impress on staff the need to ensure they had supporting evidence if they expected such an approach to be adopted by other healthcare providers.

Mr Burdon said Phoenix House was keen to repeat the event at other branches, and he would be interested in working with other LPCs on the best way to deliver the training at a local level. **AF**


NEW PHARMACY ONLY LAUNCH FROM NUROFEN
Designed for early relief of migraine
55
60
5
10
N684
Nurofen Maximum Strength Migraine Pain 684mg Caplets have been specially designed for rapid absorption and targeted migraine relief.
• Is a first-line treatment, according to NHS migraine protocol[1]
• Can be absorbed over twice as fast as standard ibuprofen[2] – it is important that treatment works as soon as possible before gastric stasis sets in[3]
• Does not contain codeine, as required by NHS guidelines[1]
NUROFEN
Ibuprofen Lysine
Maximum Strength Migraine Pain 684mg Caplets
Powerful, rapid relief
12 caplets
The right medicine for the right patient
Severe hepatic failure, severe renal failure or severe heart failure. Do not use with other NSAIDs, including COX-2 specific inhibitors. In last trimester of pregnancy there is risk of premature closure of the foetal ductus arteriosus. Onset of labour may be delayed and the duration increased with increased bleeding tendency in both mother and child. Precautions and warnings: Caution in patients with certain conditions, which may be made worse. These include: systemic lupus erythematosus and mixed connective tissue disease, gastrointestinal disorders and chronic inflammatory intestinal disease, hypertension and/or cardiac impairment, renal impairment, hepatic dysfunction. Bronchospasm may be precipitated in patients with bronchial asthma or allergic disease. GI bleeding, ulceration or perforation. Caution in patients on medications which increase the risk of gastrotoxicity
MRRP: £4.49 (12 caplets) Legal category: P Product licence Number: PL 00327/0143
Crookes Healthcare Limited

Game, set and match

Aces were fought for the Platinum Pharmacy Design Awards at Wimbledon. C+D serves up the action from the All-England Lawn Tennis Club

Max Gosney

'Henmania' and 'Murray madness' were upstaged at Wimbledon this week as the crowds switched support to the search for the best in British pharmacy design.

The Platinum Pharmacy Design Awards, sponsored by C+D and the Ceuta Healthcare Group, dazzled spectators with a display of the finest shop fits on a sun-soaked day at SW19, the venue for the awards. A shortlist of four pharmacies competed for a top prize of £2,000 across three categories.

The categories:

Best refit costing up to £28,000
Winner: Buckley Pharmacy, Ashtead, Surrey
Proprietor: Abdool Kureeman
Shopfitter: Crescent
Judges' comments: "He had some clear objectives and had followed them through."

Best refit costing over £28,000
Winner: Associated Chemists (Wicker) Ltd, Sheffield
Proprietor: Martin Bennett
Shopfitter: Dollar Rae
Judges' comments: "The design was clearly done in conjunction with customers, giving them what they need and want."

Best multiple refit
Winner: Murrays Healthcare, Market Drayton
Proprietor: Duncan and Fiona Murray
Shopfitter: Baptt
Judges' comments: "The appearance was super and shows vision."

Judges' enclosure
The high standards of the pharmacy applicants had made choosing winners a tough call for the panel, explained David Mair, Ceuta chairman. "The calibre of entrants has been outstanding and that didn't make the judges' job any easier," he said.

A clean sweep of England-based finalists had been largely due to the effect of legislative change on the nation's pharmacies, said Charles Gladwin, C+D editor and non-voting chairman. "Quite often we've had the awards go to pharmacies in Northern Ireland and Scotland. But the emphasis has been on England with the introduction of the new contract," he said.

Premises design had adapted to contractors' changing responsibilities, commented Mr Gladwin. "Pharmacists will soon become qualified for independent prescribing and the profession is no longer just about prescription numbers. These services need to take place in settings that reflect the high standards expected by the public," he said.

Judges looked to reward contractors who achieved this professional ambience, looking to future professional services without sacrificing medicine sales, explained Mr Gladwin.
Overall, the awards aimed to promote ideas between pharmacists and inspire best business designs, concluded the judges.

And the winners are:

Major refit – over £28,000
Sheffield-based contractor Martin Bennett scooped the £2,000 prize for best pharmacy refit costing over £28,000.

Mr Bennett, who runs the Dollar Rae designed Associated Chemists (Wicker) Pharmacy, told C+D he was delighted with the award. "I'm really pleased and would like to thank all the hard work from the pharmacy staff. I think when you walk into the pharmacy it's got that 'wow' factor," he said. The pharmacy features four types of consultation area, two dispensaries and a separate reception for drug misuse patients. The design aims to respond to the changing role of the pharmacists, claimed shop fitter Dollar Rae. Stephen McIlvain of the company said: "It's tied up with the new contract and creating a clean, clinical, professional environment to attract patients. They asked us to create an award-winning pharmacy and we have delivered."

Associated Chemists (Wicker) Pharmacy. Picture by: Dollar Rae

Runner-up
Manchester's Focus Pharmacy celebrated a successful refit, which has boosted OTC medicine sales by more than 40 per cent.

Pharmacy owner Nilesh Sanghvi said he was thrilled with the design, created by Baptt shopfitters, which blended retail business with patient led services. "I love the sense of space on the shop floor. We've achieved a clean, clinical atmosphere while allowing the OTC side of the business to flourish," he said. Daniel Jones, Baptt shopfitter's design consultant, agreed. "It's fantastic and I'm very pleased with the design," he said.

Multiple fit winner/3rd in major refit
Double accolades for pharmacy design marked a superb day for the Murray's healthcare team at thi year's awards, stressed company director Duncan Murray. "We are very happy with our achievement

Top prize went to Associated Chemists (Wicker) Ltd, Sheffield. From the left are Stephen McIlvain of shopfitters Dollar Rae, C+D editor Charles Gladwin, Wicker proprietor Martin Bennett, and award sponsor Ceuta CEO Edwin Bessant

Prize winners

• Best multiple, Murrays Healthcare.
From the left: Daniel Jones of Baptt Shopfitters, Charles Gladwin, Duncan Murray and Edwin Bessant

• Best minor refit, Buckley Pharmacy.
From the left: Richard Faux of Crescent Shopfitters, Charles Gladwin, proprietor Abdool Kureeman, and Edwin Bessant

• Major refit runner-up, Focus Pharmacy.
From the left: Daniel Jones, proprietor Nilesh Sanghvi, Charles Gladwin and Edwin Bessant

and have just rung to tell all the staff," Mr Murray told C+D. Murrays won the best multiple refit award and claimed third place in the best major refit category for its pharmacy in Market Drayton, Shropshire. The pharmacy was redesigned by Baptt Shopfitters.

Refit Under £28,000

Pharmacist Abdool Kureeman said he could not wait to show his award to staff after being accredited with the best budget refit accolade. Mr Kureeman expressed his delight as the Buckley Pharmacy in Ashtead received the title of best refit costing less than £28,000. "It's a great achievement and I'm going to go back to the pharmacy and show the staff the trophy. I'll also be showing it off to the kids tonight," he said.

Combining a healthcare focus without losing sight of OTC medicine sales had been the key to success, claimed Mr Kureeman. The premises were fitted by Crescent Shopfitters.

Coming up...

C+D will profile each of the platinum award finalists in future issues, starting with major refit winner Martin Bennett at the Associated Chemists (Wicker) Pharmacy in Sheffield next week

Focus Pharmacy in Manchester

[illegible] from the editor

[illegible] things to come?

Two news items do not necessarily make a trend, but with ongoing media coverage about the finances of the NHS, might pharmacy be heading for 'interesting times'?

The first item is the announcement that Nucare is to close its wholesaling business as there just isn't enough profit in it any more. Rather than specialising in one sector of pharmacy wholesaling, it has tried to provide its members with a broad range of products. Unfortunately the profit from parallel imports and generics has fallen to the point that the wholesaling business overall is not viable.

Discount clawbacks and government setting of pharmaceutical prices has exacted its toll. Coupled with the second news item – the intention to shave £25 million off the dressings and chemical reagents budget – the signs are that pharmacy could see further money eroded from its income.

PSNC has always warned it would be a difficult fight to retain the money that the DH has rather grudgingly permitted pharmacy contractors to retain. But with the austerity measures that the Treasury is pushing, it is likely that this will not be the last attempt at cutting costs.

As it is, the remuneration for contractors in England for 2006-07 does not (at the time of going to press) show any signs of reaching a settlement. The longer this state of affairs continues, the more the storm clouds will gather as 'settlement' turns to 'imposition'.

But if more money is taken out of the system, and pharmacy businesses of all kinds have to consider how they operate, it is the NHS that may lose out. The DH needs to recognise that the business acumen the variety of independent and multiple pharmacies have helps drive medicines prices down. This could be lost, and the long-term prospects are that the NHS will pay more.

The ministerial revolving door

One of the outcomes of the beleaguered Government's reshuffle has been the resignation of Jane Kennedy from her post as health minister. Ms Kennedy had lasted less than a year in the job, which includes pharmacy among its responsibilities.

While we wish her successor Andy Burnham well, it is with some weariness that the profession must now wait while yet another minister gets up to speed with the brief. And, as suggested above, with remuneration, oxygen supplies, and the review of professional regulation, there are quite a few matters still outstanding.

There is another concern that, as a healthy man in his 30s, Mr Burnham falls into the demographic of 'least likely user of pharmacy services'. But, assuming the stereotype holds, Mr Burnham may yet demonstrate another supposedly male trait, an interest in technology.

Having had responsibility for developing the ID card in his last position at the Home Office, maybe he will have more success in getting the electronic prescription service working.

It is likely that this will not be the last attempt at cutting costs

Your views

Social marketing: the new kid on the block?

CCA Comment: communications head Georgina Craig urges you to take a look at social marketing

Earlier this year, The Department of Health (DH) and National Consumer Council published a pocket guide to Social Marketing, as part of an ongoing initiative to increase understanding of the concept and its application to health improvement and reduction of health inequalities in the NHS in England.

Government became interested in social marketing because it is a tool that has been used with success in countries like Canada, Australia and USA to change people's behaviour. Recognising that DH and other government departments spend very significant sums on advertising to encourage people to do just this, but that very little is done to measure its impact on actual behavioural change, ministers thought it would be worth exploring the use of social marketing tools to maximise value for money from this investment.

Like traditional marketing, social marketing is a planning process that aims to achieve a predefined outcome. It has its roots in commercial marketing methods and approaches, but also builds on learning from the not for profit and community sectors. Its primary aim is to achieve social good by addressing complex, challenging or controversial behaviours. In the context of the NHS, this might be smoking, dietary change, teenage pregnancy or drug misuse.

The premise upon which it is built is that understanding the customer (the person whose behaviour you want to change), their life and the community in which they live helps government to be a more effective policy-maker and improves service delivery. It is a simple concept, and one that fits well with what the NHS is working to achieve – and it bodes well for community pharmacy.

The National Social Marketing team's focus means that they recognise the value of working in partnership with the commercial sector, and of communicating to people through the pharmacy and supermarkets as they are places where people 'live their lives' – particularly high users. They recognise pharmacists and their support staff can play a key role in communicating with, encouraging and supporting people to change their behaviour.

It is an interesting proposition for pharmacy too. High users of the pharmacy service are key customers who we need to be looking after and supporting effectively. Understanding social marketing could be very helpful in supporting contractors to provide more customer-centred services focused on health improvement.

It is highly likely social marketing will become an important NHS approach. It is a natural progression for community pharmacy; understanding how it applies may prove a fundamental advantage to contractors, so check it out.

For more information see: www.nsms.org.uk

Xrayser

Clever marketing, but will it live up to the promise?

I'm not surprised that Boots has signed up 65,000 members to its new Health Club (C+D, May 6, p10). With 10 per cent off own-brand products, a free eye test and £100 of money-off coupons in every six-monthly magazine, the perks are nearly as good as working for the company without the drawback of having to sit on a checkout for eight hours a day.

All you have to do is hand over your name, address and date of birth. And put your hand on your heart and say: "Boots is the only pharmacy I will ever step inside." Boots has adapted the NPA's successful catchphrase into 'Ask your Boots pharmacist', convincing customers that its pharmacists are somehow different to any others. While the magazines contain some useful information, their main intention is to sell own-brand products. These are also apparently better than any other brand. Give me some more money-off coupons and I will repeat after you. And, believe it or not, if you sign up to the Boots Health Club, they will actually collect your repeat prescription from your GP and have it waiting for you. What a great offer.

Of course I would love clever marketing tools like this at my disposal, but this is all the more reason to concentrate my efforts on what I do best. I'm sure a few of my elderly customers will sign up for their 10 per cent off Boots cosmetics, but most will never use the pharmacy because, as they tell me, they don't like waiting the time it takes for one item to be dispensed.

Ton-up pharmacies create new specialities

Pharmacies that open for 100 hours were always going to take us into unexplored territory, and recruitment was always going to be an issue (C+D, May 6, p5).

I'm not surprised that no one wants to work in a 100-hour pharmacy serving a 40 GP 'supersurgery'. Busy times in a dispensary like that must be enough to push anyone to the edge of nervous collapse, while the graveyard shifts must be dull indeed.

I like Adam Goodwin's suggestion that quieter times could be used for CPD – maybe I should sign up for a once a month shift myself. As for whiling away the hours date checking, well there should be no excuse for any out of dates in that pharmacy.

This situation almost creates dual roles for pharmacists. Hyperactive under 30s could use up some excess energy during busy times while the more laid back type could do 50 hours a week of CPD on the late shift. For those who want to combine roles they can cram a 45 hour week into just three days, leaving them two whole days to sleep and attend therapy sessions.

The art of C+D

Chemist + Druggist might be 146 years old, but last week's issue was the freshest and most modern looking thing I have seen in my pharmacy for some time. A magazine that Damien Hirst finds "very interesting" must be the height of cool. Of course, the content was as high class as ever, but with so much literature demanding my attention, presentation must always be as eye-catching as possible. C+D has reaffirmed itself as my only regular 'must-read' publication.

Hospital Report

Permission to assimilate, sir

Well, that's the pay increase sorted for another year. The pay review body has issued its recommendations, which have been accepted by government, and new pay scales have been issued. Everything in the garden is rosy isn't it?

Well not quite. The pay increase is only applicable to those staff who have been assimilated on to Agenda for Change pay scales. This is roughly 95 per cent of staff in England but only 5 per cent of staff in Scotland. So, unless something is done, 95 per cent of the Scottish NHS staff will get nothing for several months yet.

Discussions have been going on to address this issue. The suggestion has been made that the affected staff are paid the 2.5 per cent increase "on account" and any problems sorted out later. Payroll is in the midst of assimilation work and has apparently said it can do it, but it will add two months to the process. Obviously not acceptable to the Scottish Executive!

The pay increase is only applicable to those staff who have been assimilated on to Agenda for Change pay scales

Another suggestion is that the Health Department issue revised pay scales based on the previous set, increased by 2.5 per cent. No word on that one yet.

Why are we in this position? Permission to assimilate staff is controlled centrally. Health boards have to submit their proposals to the partnership group responsible for Agenda for Change. This group scrutinises the proposals and asks questions if there are anomalies. So, in theory the end result should be fairer and more accurate.

But in the meantime we are in limbo. Not assimilated. No pay increase. No information. In other words, normal.

Written by a sc... pharmacist

C+D
Chemist+Druggist

© CMP Information Ltd Chemist & Druggist incorporating Retail Chemist, Pharmacy Update and Beauty Counter

Published Saturdays by CMP Information Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW

C&D on the internet at:
http://www.dotpharmacy.com/

Subscriptions: (Home) £173 per annum; (Overseas & Eire) $412 per annum. Single copies C&D £3.50 (postage extra). Extra Price List for subscribers: £16 per single copy; for non-subscribers: £55 per single copy. Subscription plus additional Price List: UK £173 plus £120; overseas: $412 plus $205.

Circulation and subscription: CMP Information Ltd, Tower House, Sovereign Park, Lathkill St, Market Harborough, Leics. LE16 9EF. Telephone: 01858 468811
Fax: 01858 434958

Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer.

The editorial photos used are courtesy of the suppliers whose products they feature.

We are not responsible for the content of any external websites referred to in this magazine.

News desk
01732 377688

Business desk
01732 377315

Products
01732 377600

Features
01732 377487

Clinical
01732 377463

Pharmacy Champions

Pharmacists leading the way forward

Name
Mike Long

Pharmacy
Highbury Barn Pharmacy, London

What has he done?
Set up an anti-coagulation service

The idea to set up an anti-coagulation clinic came from the Whittington Hospital near Archway in North London. The hospital has so many patients to look after that the chief pharmacist suggested these tests could work well in a community pharmacy and potentially reduce numbers attending the hospital.

The hospital set up the training and helped with the provision of a clinical room. The aim is to show that measuring patients' INR and dosing with warfarin is perfectly feasible in a local setting. After three years it's now about to be rolled out by Islington PCT. Over the next three to four months I will also help to train other pharmacists.

Were there difficulties?
Not really, apart from gaining confidence and believing in yourself. The biggest problem has been the connection with the server at the hospital. Not being on NHSnet meant that we didn't have a secure connection, even though we're on broadband. However, this is just a detail and doesn't detract from how well the service could work. There have been no major problems with the software, which is good. I've been like a dog with a bone about this service and I was determined to make it a success.

How have the locals reacted?
They think it's a great idea. We've been testing 20 to 30 patients, ranging in age from 30 to 80. They love coming to the shop for INR measurement. They are in and out in 10 minutes instead of spending half an hour on the bus getting to the Whittington and then waiting for a couple of hours in a long queue. The PCT has been supportive but a small business like mine clearly does not understand how slowly the cogs turn in an organisation the size of the NHS.

Any advice for others?
This service fits perfectly into a pharmacy. Pharmacists have far more knowledge of medicines than they sometimes think and you need this when trying to work out why readings are sometimes high or low. Be prepared for vigorous training and remember that you will need a clinical room set up to a high standard.

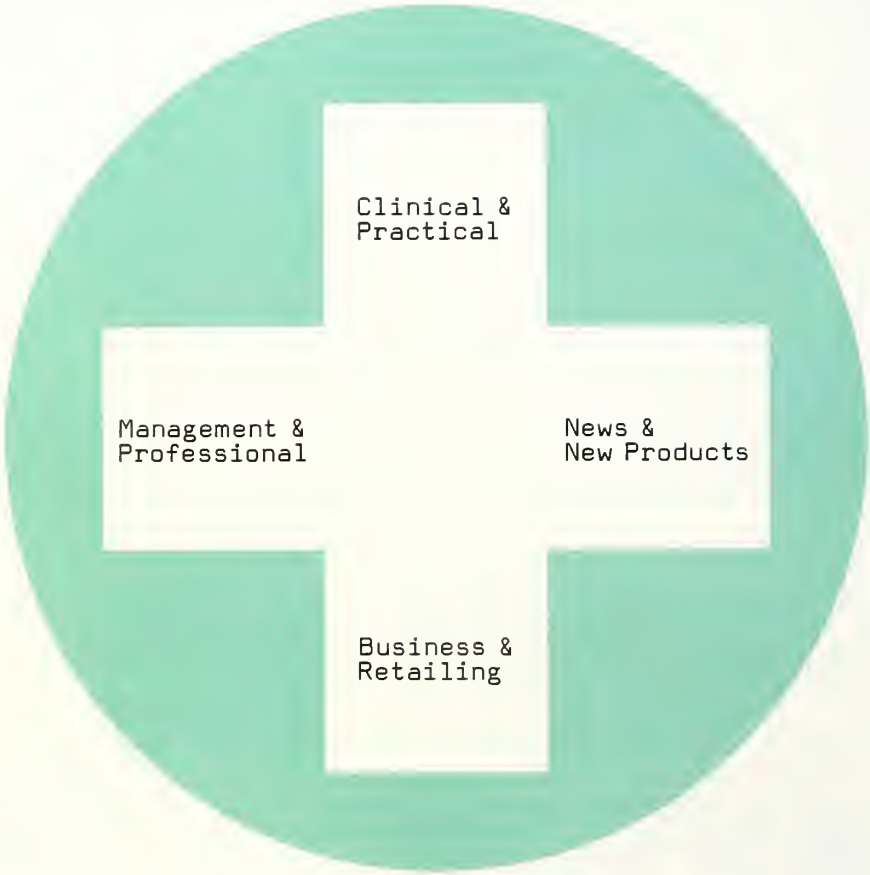
Would you do anything differently?
Although I think the idea should be rolled out across several pharmacies in the area, it has taken a long time (almost three years) to get Islington PCT to the stage where they're ready to expand the service.

Perhaps it would have been easier if we had asked what project the PCT wanted to be set up before we started. We have banged on about it for so long they are probably sick of hearing about it. I think barriers also need to be broken down between secondary and primary care and communication improved. Luckily we had the hospital pharmacy staff on our side.

Nominate your Pharmacy Champion: 01732 377688 or chemdrug@cmpi.biz

PHARMACY TODAY

A helping hand with changes in pharmacy



- **The essential practical guide to running, managing and creating a successful retail pharmacy business.**
- **Stay one step ahead** *Pharmacy Today* is part of the *C+D* subscription package. If you would like to receive your own copy you can call our subscriptions hotline telephone number **01858 438 893.**
- You can also call this number if you have any subscription enquires, have changed contact details or would like to renew your existing subscription.

C+D

Adding Value to your Subscription Package

C+D Clinical

Fighting fungal nail infections

With the amorolfine POM to P switch imminent, C+D outlines what pharmacists need to know

Marianne Mac Donald

Onychomycoses, otherwise known as fungal nail infections, are responsible for around half of all nail conditions. As the single most prevalent group of nail diseases, they are believed to affect 3 to 8 per cent of the UK population – around one million people.[1]

However, the true figure could be higher as only a third of sufferers currently consult their doctor. This may be because many sufferers are ignorant of the fact that they have an onychomycosis; one study found that 20 per cent of those diagnosed had lived with the condition for almost 20 years.[1]

With the proposed switch of the topical antifungal amorolfine for the treatment of onychomycosis, pharmacists could play a major role in the effective management of this under-diagnosed and under-recognised condition.

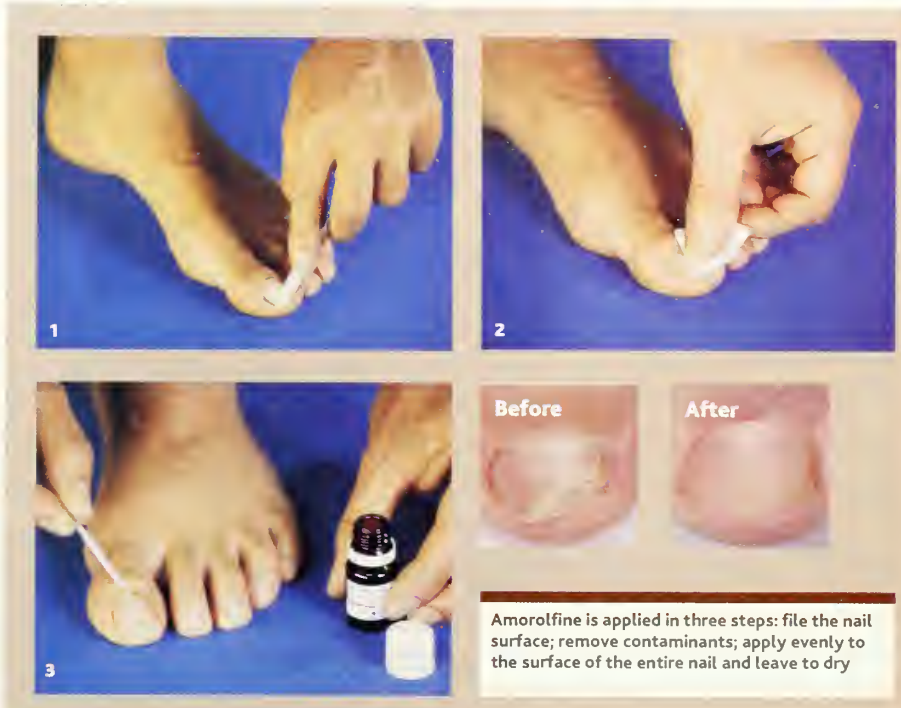
The condition

Onychomycosis mainly affects adults, particularly those aged over 55 years. Toenails are seven times more commonly affected than fingernails.[1] Some individuals are at increased risk (see Figure 1).

The cause

The infection is caused by fungi, yeasts and moulds. In most cases, the nail infection is secondary to an initial skin infection. Most affected nails (over 90 per cent) are infected with dermatophytes (*Trichophyton rubrum, Trichophyton interdigitale*). There is a strong link between onychomycosis and tinea pedis (athlete's foot), with suggestions that 20 to 30 per cent of those with athlete's foot have a concomitant fungal nail infection.[2] If this is the case, then the condition is likely to be much more prevalent than current estimates.

Around 5 per cent of onychomycosis infections are due to non-dermatophyte moulds, such as *Scopulariopsis brevicaulis*, which, unlike dermatophytes, exclusively affect the nails. The remainder are caused by yeast species, such as *Candida albicans* and *Malassezia furfur*.[2]



Amorolfine is applied in three steps: file the nail surface; remove contaminants; apply evenly to the surface of the entire nail and leave to dry

The symptoms

There are four main types of onychomycosis which pinpoint the area of the nail infected (summarised in Figure 2). Pharmacists should familiarise themselves with the most common form, distal lateral subungual onychomycosis, as this is the only type of nail infection suitable for OTC treatment with amorolfine.

The key characteristics include:

- One or more nails thickened.
- Yellow/white at the tip of the nail.
- Infection spreads lengthways along the nail.
- Brittle nails.
- Debris accumulates under the nail bed.
- Scaling.
- Distortion.
- Nail loosens, and may come off.

It is important to differentiate from other nail diseases when identifying an onychomycosis, although the risk of masking an underlying condition is negligible as the symptoms of a fungal nail infection are rarely a sign of serious disease. However, there are other conditions that can cause nail problems:

- **Psoriasis** usually presents as psoriatic plaques on other susceptible areas of the skin such as the scalp, elbows and knees.
- **Contact dermatitis** from external irritants typically causes an eczematous dermatitis on the skin surrounding the nail plate, generally not seen in individuals with onychomycosis.
- **Nail trauma** can appear with white spots and blood can accumulate.

The main differentiating factors are that other nail infections will usually have other symptoms and the infection will not spread lengthways along the nail. A protocol to assist with recognising fungal infections will be available when amorolfine is launched.

Pharmacists should recognise that onychomycoses sufferers are driven to seek

The College of Pharmacy Practice

This course (module 1369) in association with multiple choice questions being published in C+D June 3, provides one hour's continuing education

CPD This article can help with the following CPD competencies: G1a, G1c, C1f, C1a, G1m. See www.tinyurl.com/194zu

Figure 1:
Patient groups at increased risk of onychomycosis

- Those over 55 years old
- Males.
- Athlete's foot sufferers – an estimated 20 to 30 per cent of those with tinea pedis also have a fungal nail infection.
- Those with poor circulation, eg people with diabetes.
- Those using communal changing areas.
- Swimmers.
- People who regularly immerse their hands or feet in warm water, eg cleaners, lifeguards.
- Those with damaged nails.
- Immunocompromised individuals.
- Smokers.
- Psoriasis sufferers.
- Those receiving long-term antibiotics.

Figure 2:
Differentiating fungal nail infections

Type of nail infection	Prevalence	Nail appearance	Nail part affected	Infection progresses
Distal lateral subungual onychomycosis	Most common form, usually caused by dermatophytes	Thickened, yellow, brittle, crumbling, nail can break off	Nail tip and sides of nail	Spreads lengthways from the tip of the nail
Superficial onychomycosis	Next most common form	White patches or strips on the nail surface, nail can crumble but usually stays intact	Superficial layers of the nail plate	Patches can aggregate together
Proximal subungual onychomycosis	Most usually seen in immunocompromised patients	Base of nail damaged initially, but causes rapid nail destruction	The base of the nail, where it attaches to finger/toe	Spreads lengthways to the tip of the nail
Total dystrophic onychomycosis	Least common, but any of the other types of nail infection, if untreated, can progress to this form	Whole nail surface damaged	Entire nail	

treatment for more than a cosmetic benefit. Over half of those affected will complain of pain, with more than a third having difficulty wearing shoes or picking up small objects. As a result, their ability to undertake certain jobs can be seriously compromised. There is also a psychological impact, with embarrassment over the appearance of the nails.

Early intervention may not only prevent the disease spreading to other nails and individuals, but can ensure it does not become more severe.

The treatments

Any treatment for onychomycoses must be an effective antifungal that adequately penetrates the nail bed to eradicate poorly accessible fungi.

Currently, fungal nail infections tend to be managed with prescription antifungal treatments: systemic (eg terbinafine, itraconazole) and topical (eg amorolfine, tioconazole). The former are reserved for severe infections where the nail matrix (the inner layer of skin on which the nail rests) is affected or if more than two nails are affected.

OTC amorolfine

Amorolfine's expected OTC switch means it will be available as a 5 per cent nail lacquer, providing pharmacists with a new once weekly treatment for the most common nail infection – distal lateral subungual onychomycosis. For adults over 18 years, pharmacists will be able to recommend amorolfine to treat mild cases, up to a maximum of two nails.

Limiting amorolfine's use only to mild forms should help avoid any misdiagnosis, as the characteristics of mild infection are clear and distinctive. It cannot be used to treat severe infections where the nail matrix is involved.

Amorolfine's fungistatic and fungicidal action, via a dual inhibitory effect on fungal cell growth, means it eradicates a broad spectrum of fungi, moulds and yeasts. As a topical treatment, amorolfine can penetrate the nail to reach the poorly accessible fungi in the nail bed, and its lacquer formulation means treatment stays on the nail enabling once weekly application.

While amorolfine can be used to treat most common nail infections presenting in the pharmacy, contraindications do exist and are listed in Figure 3. The most common adverse event is a slight, temporary burning sensation around the nails after application.

Figure 3:
OTC amorolfine cannot be used in the following patients, who must be referred to the doctor

- Aged under 18 years old.
- Pregnant or breastfeeding women.
- Previous hypersensitivity reactions to amorolfine.
- Severe nail infection, such as nail dystrophy or destruction.
- Proximal nail infection, eg at the nail base.
- Superficial nail infection, eg white "islands" or patches.
- More than two nails affected.
- The patient has underlying conditions that make him or her more susceptible to fungal nail infections, eg peripheral circulatory disorders, diabetes and immunosuppression.

Figure 4:
Preventing fungal nail infections

- Keep nails short, using separate scissors to prevent contamination of other nails or individuals.
- File down thickened nails, again using a separate file.
- Wear protective footwear/gloves to avoid nail injury and irritants.
- Keep feet cool and dry as much as possible.
- Wash and dry feet thoroughly every day, especially between the toes.
- Do not share towels and bath mats.
- Wear cotton socks and leather shoes to allow feet to breathe and absorb sweat.
- Change socks daily.
- If toenails are affected, wear properly fitted shoes with wide toebox.
- Wear flip-flops in shared bathing areas such as swimming pools.
- Treat athlete's foot early before it spreads to the toenails.
- Stop smoking.

Treating in practice

Amorolfine has up to an 85 per cent cure rate for onychomycoses of fingernails when used as directed.[3] The lacquer is applied to the affected nails once weekly for around six months for fingernails and nine to 12 months for toenails; this is enough time for healthy, infection-free nails to be regenerated.

As the infected nail acts as a reservoir for

Practice points summary

- Amorolfine can be recommended for use in those over 18 years old who have up to two nails affected with the most common type of nail infection (distal lateral subungual onychomycosis).
- Patients should apply the 5 per cent lacquer to the affected nails once weekly.
- Patients should apply lacquer in a three-step process involving filing, cleaning and application.
- There may be a temporary burning sensation when amorolfine is applied.
- Patients should consult a healthcare professional, such as a pharmacist, every three months for a progress check.
- Patients must be counselled that treatment can take six months for fingernails and nine to 12 months for toenails and there may be little change within the first three months.
- Compliance is essential for the whole treatment period to avoid reinfection and allow a healthy nail to grow.
- Concomitant treatment with an antifungal for athlete's foot should be recommended for onychomycoses of the toenails.
- Nail polish and false nails should be avoided during treatment.

fungi, spores, moulds and yeasts, failure to comply with this regimen means the risk of reinfection is high. Therefore, it is critical that patients comply with the treatment regimen and are counselled that they are unlikely to see much change in the nail's appearance in the first three months.

The lacquer is applied in a three steps:
- File the nail surface.
- Remove contaminants by cleaning with swab.
- Apply lacquer evenly to the surface of the entire nail and leave to dry.

Many cases of fungal infection in the toenails are secondary to an athlete's foot infection, so it is useful to consider using an appropriate antifungal treatment for the skin at the same time. Counselling on prevention of onychomycoses is also valuable (see Figure 4).

As part of the proposal for switching amorolfine, a treatment review by a pharmacist or other healthcare professional (GP, chiropodist, podiatrist) is recommended every three months.

Marianne Mac Donald is a pharmacist and medical writer.

Continuing professional development

Reflect

Amorolfine will soon be available for OTC sale for the treatment of some nail infections. Do you know:
- Who is most at risk of fungal nail infection?
- What are the various types of infection?
- How to recognise distal lateral subungual onychomycosis (for which OTC amorolfine will be indicated)?

When you saw patients with nail infections in the past, did you feel able to diagnose them correctly? You might wish to carry out a small survey of such patients to test your knowledge.

Plan

This article will help you to recognise fungal nail infections and differentiate them from other conditions with similar symptoms, advise on the correct application of amorolfine lacquer, and be aware of its OTC limitations. For more comprehensive information it would be useful to read other articles suggested here under "Evaluate".

Act

- What other topical antifungal preparations are available OTC? How effective are they against nail infections?
- Make sure you can advise patients how to use amorolfine lacquer.
- Make sure you read and fully understand the protocol for diagnosing fungal nail infections. Using the internet, find other illustrations to make sure you can recognise the conditions listed in Figure 2.
- Record in your practice workbook sales of products for nail infections. Do you think OTC amorolfine lacquer will become your recommendation of choice? After it becomes available, record sales and compare them to sales of other antifungal products.

Evaluate

Do you feel you can now diagnose the different types of fungal nail infection and advise on the correct use of amorolfine? If not, what are you going to do about it? Now find out more about fungal skin (rather than nail) conditions. The references below should further your knowledge.

References:
1. BMJ Best Treatments. Nail infection, fungal. http://www.besttreatments.co.uk/btuk/conditions/10473.html
2. NHS Prodigy. Fungal (dermatophyte) infections in skin and nails. http://www.prodigy.nhs.uk/ProdigyKnowledge/Guidance/GuidanceView.aspx?GuidanceId=37369&TypeId=6
3. Zaug M et al. Amorolfine in the treatment of onychomycoses and dermatomycoses (an overview).Clin Exp Dermatol 1992;17(suppl 1): 61 to 70.

Distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C+D readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the June 3 issue, which will cover this week's CPP-accredited module, together with those in the May 6 and 20 issues.

These will cover:
Adherence part 2 (1368)
Amorolfine for nail infections (1369)
Osteoporosis (1370)
A telephone marking service offers independent verification of results – details on the monthly MCQ papers. People wanting to register for Pharmacy Update can contact Pauline Sanderson on 01732 377269.

Chemist + Druggist
in association with
Genus Pharmaceuticals

Benzamycin supply problems

Benzamycin gel (benzoyl peroxide 5 per cent, erythromycin 3 per cent) is unavailable. Schwarz Pharma says the supply issue is likely to last at least six months, so patients using the product should be switched to an alternative acne treatment. For more information, tel. 01494 797500, or email benzamycin@schwarzpharma.co.uk.

Humalog Mix 50 cartridges

Eli Lilly has launched Humalog Mix 50 in 3ml cartridges. The biphasic insulin lispro product was previously only available in 3ml prefilled pen devices. Price: 5x3ml £29.46; Pip code: 312-2685; Eli Lilly & Co Ltd, tel: 01256 315000.

Psorin Scalp Gel unavailable

Psorin Scalp Gel (dithranol, coal tar, salicylic acid) is temporarily unavailable due to manufacturing problems. The maker says it is likely to take four to six months to resolve the issue. For more information, contact LPC (Pharmaceuticals) UK, tel: 01582 560393.

Patient ethnicity influences likelihood of side effects

Certain ethnic groups are more likely to suffer side effects after taking medicines, a study published online by the BMJ has claimed.

But data is sparse and drug regulators should consider asking manufacturers for more information on this aspect before licensing new products. Researchers at the Centre for Adverse Drug Reaction Reporting in Birmingham and the city's university drew their conclusion after reviewing 24 studies of cardiovascular drugs that provided ADR data for at least two ethnic groups.

The findings included:

- Patients from East Asia are 2.7 times more susceptible to dry cough after ACE inhibitors than white patients.
- The relative risk of intracranial haemorrhage with thrombolytic therapy is 1.5 in black patients compared to non-black patients.
- Black patients are three times more likely to suffer angio-oedema after taking ACE inhibitors than non-black patients.
- Nearly 17 per cent of black patients on hypertension medication reported headache compared to just over 2 per cent of non-black subjects.

As an explanation of this phenomenon, the researchers point towards the genetic factors that influence an individual's response to a drug, such as cytochrome P450 genotype, which are distributed differently in different ethnic groups. Clinicians should be aware of these discrepancies, and consider them when prescribing.

Genetics may affect response to a drug

To inform such clinical decisions, the research team has called for pharmaceutical companies to routinely report ethnicity data from clinical trials. In turn, this means that studies must recruit more individuals from different backgrounds, they add.

For more information:
www.bmj.com

JOBST® ELVAREX®

The Complete Support System For Lymphoedema Therapy

Now available on prescription

Lymphoedema Helpline
If you have any queries about lymphoedema please call the Freephone Helpline on **0800 389 8424** or simply email your questions to:
lymphoedema.uk@bsnmedical.com

For product and ordering information, please call Customer Care on:
0845 122 3600

BSN medical

BSN medical Limited,
PO Box 258, Willerby Hull,
HU10 6WT UK

Tel +44 (0) [illegible]
Fax +44 (0) [illegible]

A practical approach...

Salma Hussain, the pre-registration trainee at Update Pharmacy, has just taken in a prescription and shows it to pharmacist David Spencer

"You were right, Mr Spencer, young Tom Sutton has got scabies. His mother has just brought in a prescription for him."

"I thought that was what it was likely to be," David replies, "but his skin was so raw from scratching that I couldn't see any of the mite burrow traces that are diagnostic of the condition – if you can find them. And at his age atopic eczema was a possibility, although the distribution of the rash was different from what you would expect for eczema and there didn't seem to be any of the background factors that would point to it. But because of all the scratching I couldn't differentiate between a scabies or an eczema rash, and it might have been something else entirely different anyway so I thought it best to refer him to his GP. OK, let's see the script."

Salma hands over the prescription, which reads 'Permethrin for scabies. 1 OP'. "Right," says David, handing back the prescription, "you dispense it and I'll check it when it's ready."

Five minutes later Salma calls David to check the prescription. "Well," David says, "the label's fine and you've provided the correct instruction sheet, but I'm afraid you can't give that out. Think about where you've gone wrong and try again."

Questions

1. What are the distinguishing features of scabies and atopic eczema?
2. What is the mistake that Salma is likely to have made?
3. Why should everyone who has been in close contact with someone with scabies be treated with a scabicide, while those who have been in close contact with someone with head lice should not be routinely treated with a pediculocide?

CPD This article can help in the following CPD competencies: G1a, C6a, C1f, C2a. See www.tinyurl.com/194zu

High dose steroids linked to onset of AF

Patients who take high dose corticosteroids are at increased risk of atrial fibrillation (AF).

Researchers in the Netherlands tracked the medication and medical records of nearly 8,000 adults aged 55 years or over for 10 years. Patients who had received a prescription for corticosteroids during that time were far more likely to experience new onset AF than those who hadn't. The link appeared in patients born with and without asthma or chronic obstructive pulmonary disease.

Concluding, the authors call for patients to be carefully examined before high dose corticosteroids are prescribed, and for ECGs to be conducted on patients receiving this treatment, explaining: "Because persons who develop AF are at increased risk of serious cardiovascular complications such as heart failure and ischaemic stroke and have a chance to develop chronic AF, early detection of AF is essential."

For more information:
Arch Intern Med 2006; 165: 1016-1020

AZ's diabetes hope dashed

AstraZeneca has halted development of Galida (tesaglitazar).

The dual PPAR agonist had reached phase III trials for the treatment of glucose and lipid abnormalities associated with type 2 diabetes, and was being heralded as one of AZ's hopes for the future. But the company said study data showed that the overall benefit/risk profile was "unlikely to offer patients significant advantage over currently available therapy".

The reason given for axing Galida was that the drug appeared to elevate serum creatinine and reduce glomerular filtration rate more than had been anticipated. However, AZ said that there was no association with kidney toxicity and measurements reverted to normal once the drug was withdrawn.

There are no safety concerns about the 2,245 patients currently taking Galida as part of clinical trials, but all studies will be closed, said AZ. Chief executive David Brennan called the results "disappointing" but described the drug as having "a high degree of uncertainty".

For more information:
www.astrazeneca.com

In brief

Arcoxia

Smaller Arcoxia tablets (etoricoxib) will be phased in during May, Merck Sharp & Dohme has said. The new formulation has reduced the size of the Cox-2 tablets by 30 per cent, and means that the overall pack size has shrunk correspondingly. Patients should be advised that the smaller tablets contain the same amount of active ingredient as before, so will be as effective, the manufacturer has advised. For more information: MSD, tel: 01992 467272.

New drug to balance opioids?

Alvimopan reduced the gastrointestinal side effects associated with opioids, without reducing the analgesic effect, scientists have said. Patients taking the peripheral μ-opioid receptor antagonist as well as an opioid in a phase 2b trial reported less constipation, abdominal pain and bloating than those on placebo. The drug is being developed by Adolor and GlaxoSmithKline under the brand name of Entereg for use by patients who are taking opioids for persistent pain. For more information: www.gsk.com.

MHRA orders Dianette review

The UK drug regulator is investigating whether Dianette (cyproterone acetate plus ethinylestradiol) is linked to depression.

A spokesman for the Medicines and Healthcare products Regulatory Agency said the drug was being reviewed following the submission of information by the Adverse Psychiatric Reactions Information Link (April).

The charity claims to have details of more than 100 women who have become seriously depressed while on the hormone treatment.

A spokeswoman for Dianette maker Schering Health Care said that severe depression was listed in the patient information leaflet as a reason for stopping the drug immediately . She added: "We share relevant data with the MHRA and patient safety is obviously of paramount concern."

Promethazine warning

Healthcare professionals and patients in the USA have been warned against using promethazine hydrochloride in children under two years of age.

As in the UK, the drug is not licensed for use in such young patients, but the Food & Drug Administration (FDA) has issued the reminder following reports of serious adverse effects, including respiratory depression and death. Caution should also be exercised when administering promethazine to children aged two years and above, advised the FDA.

For more information:
www.fda.gov/medwatch/safety/2006/safety06.htm#promethazine

In brief

Renilon 7.5

Nutricia Clinical Care has launched Renilon 7.5, an enteral feed for the dietary management of patients with renal disease. NHS-prescribable, the nutritional supplement is an energy dense, low electrolyte, ready to drink, milk tasting product with added vitamins and minerals, and comes in two flavours: apricot and caramel. It is not suitable for use as a sole source of nutrition. Price: 6x125ml £10.08; Pip code: Apricot 306-3559, caramel 306-3542; Nutricia Clinical Care, tel: 01225 711688.

Sugar-free OK?

The Pharmaceutical Services Negotiating Committee has issued guidance on supplying sugar-free medicines when they are not specified on prescriptions.

Pharmacists who dispense a sugar-free medicine even though this formulation has not been ordered are not in breach of the Royal Pharmaceutical Society's Code of Ethics. However, pharmacists should supply a sugar-free product if prescribed, other than in exceptional circumstances.

The only time when a pharmacist must not deviate is if a Schedule 2 or 3 controlled drug has been prescribed. In all cases, the prescription should be endorsed and will be paid according to the usual reimbursement rules, says PSNC.

In brief

Almus Dicloflex

Dicloflex (diclofenac sodium) is now available in Almus livery. The company says the colour illustrations featured on the packs will help differentiate between strengths and enhance safety. For more information: Almus Pharmaceuticals, tel: 0800 633 5950.

Tygacil

Tygacil from Wyeth is an antibiotic for the treatment of complicated skin, soft tissue and intra-abdominal infections. A hospital-only product, each 5ml vial contains 50mg tigecycline powder. Once reconstituted, the drug should be administered by intravenous infusion over 30 minutes at 100mg, followed by 50mg every 12 hours for five to 14 days. Price: 10 vials £323.10; Pip code: 322-1413; Wyeth Pharmaceuticals, tel: 01628 604377.

Mini drive to boost sales

Hermesetas mini sweeteners are carrying an on-pack promotion offering the chance to win a car. The 'Win a Mini with a mini' promotion will run until September and is the brand's biggest promotional initiative.

Reinforcing the promotion, advertising is running in women's and general interest magazines including 'OK!', 'You' and 'Prima', targeting the brand's core users of ABC1 females aged 35 and over.

Appealing to a younger audience, a competition in 'Cosmopolitan' magazine is offering handbag sized items such as iPods, digital cameras and packs of Hermesetas as prizes.

Hermes Sweeteners
Tel: 0207 299 2980

Discontinued

Lacticare lotion (sodium pyrrolidone carboxylate 2.5 per cent w/w and lactic acid 5 per cent w/w, 150ml) has been discontinued. Low demand in a price controlled environment has made the product unviable, says Stiefel.

Stiefel
Tel: 01628 524966

Imodium runs with new image

New packaging for the antidiarrhoeal Imodium range has been introduced by McNeil.

The updated livery aims to improve shelf standout and aid product selection. Colour coding has been added to each of the three variants – Capsules, Plus Caplets and Instants – with clear information on their indications.

McNeil
Tel: 0800 032 8258

Blister busters from Profoot

Profoot has expanded its footcare range with two new products.

Blister Plasters contain aloe vera to soothe and cleanse the wound. They are supplied in a reusable plastic box designed to protect the plasters when carried in kit bags by walkers, travellers and sports players. There are six plasters in three sizes in each box, which comes in shelf-ready packaging.

To the Soft Gel range, Prosport has added the Toe Support. Expected to appeal across the board from Sunday footballers to the elderly, the product helps prevent pain caused by corns on the tip of the toe. It features a toe loop to hold it in place, lifting and aligning the toes to relieve pressure. As with the rest of the Soft Gel range, the Toe Support contains mineral oil to soften the skin.

Product info:
Prices and Pip codes: Blister Plasters £3.99, 320-6927; Toe Support £2.99, 320-7800

Miles Group Ltd
Tel: 01484 536344
www.profoot.co.uk

Early arrivals

Huggies has launched a nappy for premature babies and a disposable changing pad.

Huggies Preemies are for babies born before 37 weeks. Features such as elastic waistbands and leak guards have not been included and materials were chosen for softness due to the sensitivity of premature babies' skin.

For each pack sold, a donation of 20p will be made to Tommy's, the baby charity.

Huggies Disposable Changing Pads feature an absorbent top layer and non-slip waterproof backing.

Product info:
Price: Preemies £3.49/30; Pads £2.49/8

Kimberly-Clark
Tel: 0800 626 008

National 30th ANNIVERSARY
Smile Month
14 MAY - 13 JUNE 2006
British Dental Health Foundation

Time to smile

For National Smile Month (May 14 t[o] June 13), GlaxoSmithKline is distributing an Aquafresh and Sensodyne branded DVD to dentists, schools and consumers.

Topics covered include acid erosio[n] and sensitivity. Macleans will participate through retailer magazines, says GSK.

Dentists taking part in National Smile Month will receive packs of educational leaflets and samples of Aquafresh paste and brushes.

GlaxoSmithKline
Tel: 0845 762 6637

'No mess' pregnancy and menopause tests

Pregnancy and Menopause tests have been added to the Reveal Diagnostics range by BR Pharmaceuticals.

The tests contain 'no mess' cups for the collection of urine and results appear on the side of the cup within minutes, says BR Pharmaceuticals.

The pregnancy test is said to be over 99 per cent accurate and can be used on the first day of a missed period. The menopause test gives more than 98 per cent accuracy in confirming the onset of the menopause.

Price: £4.99
Pip code: pregnancy 228-8710; menopause 228-8595

BR Pharmaceuticals
Tel: 0113 275 0000

Flocks away thanks to Piriton

Allergy brand Piriton is to benefit from a £2.7 million marketing package this year.

Breaking this week, national TV ads are running until July. Ten and 30-second executions take the 'Millions of allergens – only one Piriton' theme and feature everyday settings highlighting bizarre allergy statistics, such as the 306,000 Britons who are allergic to sheep. The campaign aims to broaden the brand's appeal, reaching younger users as well as families.

Reinforcing the TV message, ads are running in national newspapers and health magazines until September. The parenting press will concentrate on Piriton Syrup, suitable for youngsters from the age of one.

Online activity will see interactive banners on health-related sites. Point of sale materials tying in with the advertising are available.

GlaxoSmithKline
Tel: 0845 762 6637

Phyto Soya's heartfelt launch

The Phyto Soya menopause range from Arkopharma has been extended with the launch of Ultra capsules.

Containing 400mg omega-3s and 70mg soy isoflavone, the product is suitable for treating severe menopause symptoms and offers the added benefit of fish oils to help protect the heart, says Arkopharma.

Gloria Hunniford has been recruited as the face of Phyto Soya. As an advocate of a natural approach to the menopause, she will head a consumer PR campaign with interviews. Customer leaflets and point of sale materials are available.

Price: £21.00/60
Pip code: 319-5765

Arkopharma
Tel: 020 8763 1414

Products advertised on TV next week

Aquaban and **Aquaban Herbal:** GMTV, five, Sat
Aquafresh: All areas except U, CTV, GMTV, Sat
Buscopan: C4, GMTV, Sat
Dulcolax: GMTV
Hedrin: GMTV, Sat
Listerine Advanced Tartar Control Mouthwash: All areas except Sat
Lucozade Sport: All areas except U, CTV, GMTV, Sat
Natravene: All areas except C4
Optrex Dry Eyes and **Optrex Lubricating Liquid Gel:** All areas
Piriton: All areas except U, CTV, GMTV, Sat
Rennie: All areas except CTV
Ribena: All areas except U, CTV, GMTV, Sat
Seabond: All areas
School Freeze Verruca & Wart remover: GMTV, Sat
Sensodyne: All areas except U, CTV, GMTV, Sat
TCP Spray Plaster: All areas
Ymea: GMTV, Sat
PharmaSite for next week: Clarityn – Windows, **Clarityn –** In-store, **Pepto Bismol –** Dispensary
Pharmacy channel: Scholl Freeze, Pfizer Regaine

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Healing old wounds with new technologies

Why do some wounds become chronic and what are the best ways to manage what are usually painful ulcers?

Sarah Cockbill

A chronic wound is any long-standing, recurring break in the skin that does not heal within an expected timeframe. Most are venous or arterial leg ulcers, pressure ulcers and diabetic foot ulcers. Besides costing the NHS at least £1 billion a year, these wounds are an increasing world health issue.

The wounds often occur in the lower extremities and their initial causes may be structural, such as from an injury, or the result of underlying disease such as diabetes. Despite treatment, wounds often fail to improve or they deteriorate – leading in some cases, and particularly with diabetes, to amputation.

The only way to accomplish complete healing of chronic wounds is by taking a thorough patient history, carefully examining the wound, using optimal wound care products and efficiently controlling any concurrent systemic disease.

Wound healing process

The wound healing process is relevant to both acute and chronic wounds. A chronic wound results when the sequential, normal healing process is interrupted; the process is either prolonged or incomplete and restoration of skin integrity is lacking.

Briefly, the healing process consists of three continuous and overlapping phases:[1]

- Inflammatory.
- Regeneration.
- Maturation.[1]

Inflammatory phase

The inflammatory phase is the immediate reaction to injury and is initiated by the Hageman factor XII. Simultaneous activation of the coagulation cascade and arachidonic acid pathways, plus relevant growth factors and cytokines, initiates and maintains this phase.

The injury responds with a vascular spasm, reducing blood flow and isolating the wound. This is followed by, but separate from, haemostasis with fibrin deposition and blood clot formation. The initial vasoconstriction is followed by active vasodilation of all local small vessels.

Growth factors are peptides that act on inflammatory cells, fibroblasts and endothelial cells to activate the processes involved in wound healing. Injured cells, particularly platelets, release platelet derived growth factor (PDGF) and basic fibroblast growth factor (bFGF) when the wound first occurs.[2]

Later in the inflammatory phase, platelets become the source of other pro-inflammatory substances such as transforming growth factor-β (TGF-β) which, in conjunction with PDGF, mediates the chemotaxis necessary to draw neutrophils, monocytes and fibroblasts into the wound. Circulating macrophages then enter the wound where they mature into tissue macrophages and, together with the white blood cells, ingest bacteria and cell debris by phagocytosis. Successful macrophage function normally indicates the end of the acute inflammatory reaction.

Macrophages also secrete bFGF, which acts as a chemotactic and mitogenic factor for fibroblasts and endothelial cells. Any depletion in macrophages results in a significant alteration in wound healing, illustrated by incomplete debridement, inadequate fibroblast proliferation and angiogenesis (formation of new blood vessels).

The release of histamine, kinins and prostaglandins causes oedema, elevated wound temperature and pain. The occlusion of the local wound lymphatic channels by fibrin prevents the inflammation spreading.

Regeneration

Fibroblasts migrate to the site from the wound margins using the fibrin-based provisional matrix formed during the inflammatory phase. They are activated by macrophage-derived bFGF, TGF-β and PDGF to synthesise glycosaminoglycans and proteoglycans – the foundations of the new extracellular matrix of granulation tissue and collagen. Capillaries are formed by endothelial budding with the production of granulation tissue and the lysis of the previously produced fibrin network. New epithelial cells start to cover the wound surface as it approaches maturation.

Maturation

The fibroblasts produce tropocollagen molecules, which combine to form collagen fibrils, filaments and fibres. There is an increase in the wound's tensile strength, which in cavity wounds is accompanied by contraction caused by myofibroblasts (modified fibroblasts). As collagen is deposited the fibroblasts disappear.

The wound is now covered by epidermis and its maturation may continue for up to two years; this varies between individuals and their age at the time of injury.

Both systemic and local factors may challenge the successful continuation of each of these stages. A chronic wound will result when there is disruption of the normal, controlled inflammatory phase or the cellular proliferative phase.[3] Each wound should be evaluated to determine the factors responsible and how these may be corrected.

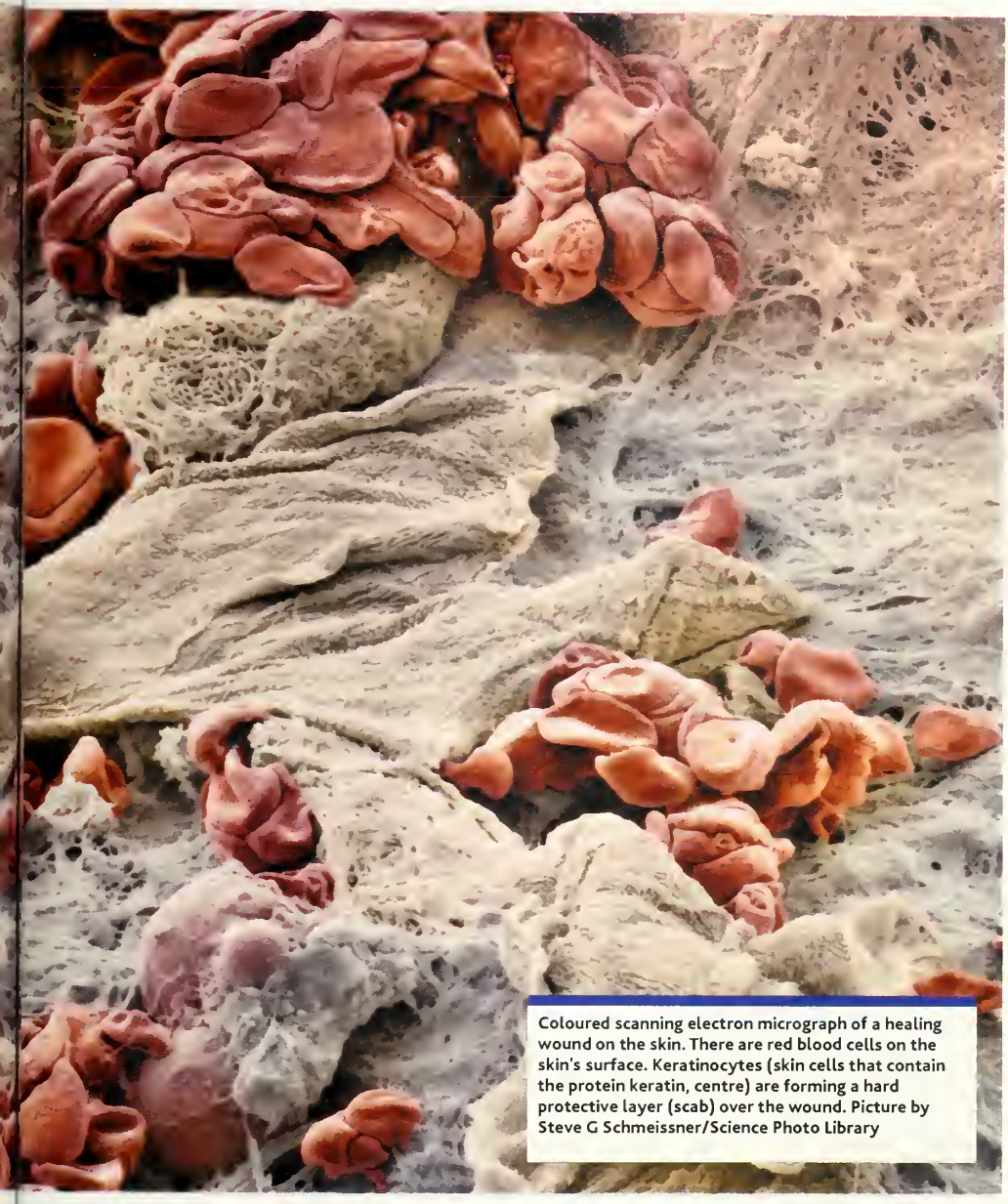
Common systemic factors could include the patient's nutritional status, concurrent therapy such as corticosteroids, prostaglandin inhibition, oncolytic agents, and clinical conditions including iron deficiency anaemia and diabetes. These must be monitored and the objective must be the holistic management of the patient, not just the wound.

Local factors responsible for the formation of a chronic wound include the presence of any foreig body, which will prolong the inflammatory phase, or secondary trauma, produced either by inappropriate wound management or excessive movement.

Chronic wounds are extremely painful. There is pain due to tissue damage, which may be controlled by paracetamol, NSAIDs, local anaesthetics or opioids, and neuropathic pain caused by nerve damage; often treated with antidepressants or antiepileptics such as carbamazepine or phenytoin.

The science of wound healing is advancing rapidly and pharmacists have a vitally important role to play in chronic wound management. As a profession, we should be able to give advice abou the chemistry, availability and influence on woun healing of prescribed wound management products; advice on footcare in diabetes; control systemic diseases such as diabetes or iron deficiency anaemia; lifestyle issues such as losing weight, which has a significant role in the generation and healing of venous leg ulcers; and analgesia.

All this should improve patient mortality and morbidity, as well as reducing stress among thos responsible for their care.



Coloured scanning electron micrograph of a healing wound on the skin. There are red blood cells on the skin's surface. Keratinocytes (skin cells that contain the protein keratin, centre) are forming a hard protective layer (scab) over the wound. Picture by Steve G Schmeissner/Science Photo Library

CPD

This article can help in the following CPD competencies: G1a, G1c, G8a, C1f, C3b, C3h. See www.tinyurl.com/194zu

The science of wound healing is advancing rapidly and pharmacists have a vitally important role

References:
1. Cockbill, SME: Wound healing and wound management products. Patient Care in Community Practice 2nd edition (ed. Robin J Harman), 2002, 79-114. Pharmaceutical Press. ISBN 0 85369 450.
2. Mast, BA, Scultz, GS: Interaction of cytokines, growth factors and proteases in acute and chronic wounds. Wound Repair Regen, 1996;4:411-420.
3. Stotts, NA, Wipke-Tevis, D: Co-factors in impaired wound healing. In: Chronic Wound Care: A Clinical Source for Healthcare Professionals. Wayne, PA: Health Management Publications, 1997, 64-72.

Help with healing

There are many types of product available to treat chronic wounds

Sarah Cockbill

Even with advancing scientific knowledge there is still no product appropriate for all stages of the healing process. It is essential to assess the healing stage reached by any wound before selecting a wound management product.

Ideally, the microenvironment surrounding the healing wound should be:

- Moist at the wound interface, but excess exudate must be removed to avoid skin sloughing.
- Maintained at about 28°C.
- Protected from infective organisms, foreign particles and toxic compounds.
- There should be no secondary trauma from adherence at dressing change.[1]

Dressings meeting the above requirements are called 'interactive' to distinguish them from the 'passive' lints and gauzes of the past. They are individually designed to be compatible with the different environments found in the three wound healing phases.[2]

There follows a description of interactive materials with a few examples in each category. There are more than 1,600 products on the market, which makes it impossible to list them all here. Further information is available in the British National Formulary and from relevant websites.[3]

Deodourising dressings

These are:

- Formulated from activated charcoal.
- Presented as a woven fabric or a fibrous mat backed by a nylon sleeve, a vapour permeable film or a polyurethane foam.
- Designed to reduce odour from wounds such as ulcers and fungating carcinomas.

Examples: Lyofoam C (Mölnlycke Health Care Group), Carbonet (S&N Healthcare).

Polymeric dressings

Vapour permeable adhesive films which:

- Are transparent, synthetic films, comprising polyurethane and being evenly coated on one side with a synthetic adhesive mass.
- Are permeable to water vapour, oxygen and carbon dioxide.
- Are occlusive to water and bacteria.
- Are highly elastomeric and extensible.
- Are conformable and resistant to shear and tear.
- Are sterile and particle-free.
- Have an adhesive that is inactivated by contact with moisture so will not stick to moist skin or the wound bed.
- May be used prophylactically in areas that are traumatised by pressure but not ulcerated.
- Can treat decubitus and pressure ulcers.

Examples: Tegaderm (3M Health Care), Opsite Flexigrid (S&N Healthcare), Mepore (Mölnlycke Health Care Group).

Polymeric foams

- Most commonly comprised of po[illegible]
- Are foamed polymers made in[illegible]
- Have a wound contact layer [illegible] capillarity.

...e device
...the
...s feedback from customers suggests the cap is being used by people with head injuries to ease bruising, swelling and associated headaches, adding that rugby players have found it helpful during and after the game.

Summer soother

The Germolene first aid brand is expecting to see a boost in sales this summer on the back of its recent relaunch. Boasting brand awareness of 94 per cent, the Germolene range includes Cream and Ointment variants to help prevent infection and soothe pain.

Germolene New Skin is a liquid plaster and forms a waterproof barrier to germs. The range's Antiseptic Wipes have been reformulated and are now softer than before. They are medicated to cleanse and disinfect cuts. Each wipe is individually wrapped and ideal for families out and about, says Bayer.

Launched last year, Germolene Antiseptic Gel is colour- and fragrance-free and easily absorbed to protect against infection.

For more information:
Ceuta Healthcare, tel: 01202 780558

ActiFormCool's moisture level adapts to changes in the humidity of its environment. Dry wounds are kept moist when the backing is left in place. Moist wounds are treated best by peeling the top layer back to allow excess moisture to escape

- Have an outer surface comprised of a layer of relatively large hydrophobic cells.
- Protect and contribute to thermal insulation of the wound.
- Are used to manage dry sutured wounds, minor lacerations, early pressure ulcers and venous ulcers.

Examples: Lyofoam (Mölnlycke Health Care), Allevyn (S&N Healthcare), Biatain (Coloplast).

Hydropolymer

This material:
- Is a foamed polyurethane gel designed to expand into the contours of the wound as it absorbs fluid.
- Has a unique adhesive portion that can re-adhere once lifted.
- Wicks fluid into the upper layers of the dressing where it escapes through the backing.

Examples: Tielle, Tielle Plus, Tielle Lite (J&J).

Hydrocolloids

These dressings:
- Are composite products based on naturally occurring hydrophilic polymers such as sodium carboxymethylcellulose, hydroxyethylcellulose pectins and gelatin incorporated into a hydrophobic adhesive.
- May be backed by a polymeric film and may be contoured to fit difficult areas.
- Have been used successfully in the treatment of chronic leg ulcers, pressure ulcers, minor burns and granulating wounds.

Examples: CombiDERM, Granuflex, DuoDERM Extra Thin (Convatec), Comfeel (Coloplast).

Hydrofibres

- Fibres of carboxymethylcellulose formed into flat, non-woven pads for application to larger open wounds or a 'ribbon' for packing cavities.
- Absorb and interact with wound exudate to form a gel that traps bacteria.

Example: Aquacel (Convatec).

Hydrogels

Hydrogels, or water polymer gels, that:
- Are modified, cross-linked polymeric formulations prepared from materials such as gelatin, polysaccharides, cross-linked polyacrylamide polymers, polyelectrolyte complexes and polymers or copolymers derived from methacrylate esters.
- Interact with aqueous solutions by swelling to an equilibrium value and retain a significant proportion of water.
- Maintain a desirable moist interface which facilitates cell migration, assists in the removal of toxic components from the wound area and prevents dressing adherence.
- Are insoluble in water.

Examples: Intrasite (S&N Healthcare), Tegaderm Hydrogel (3M Health Care).

Pain impairs healing

Wound pain is a major factor in delaying healing because the physiological stress response can affect the delivery of oxygen and nutrients to the wound, says Sylvie Hampton, a tissue viability consultant in Eastbourne.

"If wound pain is neglected it can cause further inflammation and infection and perpetuate the wound."

She and her colleagues asked 50 patients to rate their wound pain on a scale of one to five, where one was "no pain at all" and five was "worst pain imaginable". The average pain score was 3.8 at first but fell significantly to 2.2 following treatment with ActiFormCool. The hydrogel dressing adjusts its moisture content to maintain the optimum level for wounds to heal, and targets pain by soothing nerve endings. The survey found that 92 per cent of patients also showed improvements in healing over the course of treatment (Young, S, Hampton, S, 2005, Wounds UK Journal Vol 1).

It is essential to assess the healing stage reached by any wound before selecting a product

Alginate dressings

Xerogels are materials that contain no water but swell to form a gel in contact with aqueous solutions. The main types used are calcium alginate dressings:
- Are derived chiefly from algae belonging to the Phaeophyceae, mainly species of *Laminaria*.
- Are polymers composed of residues of D-mannuronic acid, which has a high affinity for sodium, and L-guluronic acid with a high affinity for calcium.
- Are flat, non-woven pads of either calcium sodium alginate fibre or pure calcium alginate fibre
- May be bonded to a secondary absorbent viscose pad.
- Are available as hanks and ribbon packing for deeper cavity wounds and sinuses.
- Are used on intractable skin ulcers, pressure ulcers, diabetic ulcers, venous ulcers, burns and infected surgical wounds.

Gel formation is via ion exchange of sodium in serum for calcium within the alginate dressing, which may be firm or soft depending on the proportions of calcium and sodium in the fibre.

Examples: Algisite M (S&N Healthcare), Kaltostat (Convatec), Sorbsan (Unomedical).

Hyaluronic acid

Hyaluronic acid dressings:
- Are made from industrially manufactured and purified benzyl ester derivatives of hyaluronic acid
- May be applied directly to wounds such as diabetic foot ulcers or venous leg ulcers, or as scaffolds for the cultivation of fibroblasts and keratinocytes for further transplantation.

Example: Hyalofil (Convatec).

Honey

Dressings incorporating honey:
- Are antibacterial, anti-inflammatory and deodourising.
- Have an as yet unexplained rapid, autolytic debriding action.
- Reduce pain, oedema and wound exudate.
- Minimise hypertrophic scarring.
- Are used to treat recalcitrant wounds and ulcers.

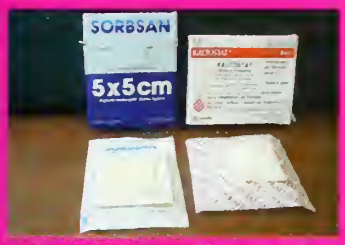
Example: MediHoney Wound Gel (The Miles Group). See also p35.

Opsite – a polymeric dressing

Lyofoam – a polymeric foam dressing

The Tielle range of hydropolymer dressings

Granuflex and DuoDERM extra thin hydrocolloids



Sorbsan and Kaltostat alginate dressings

Silver-containing Avance dressings

Maggots

The fly most commonly used for larval therapy is *Lucilia sericata*. Larvae:

- Reduce slough and infection.
- Function by complex mechanisms involving physical activity and secretion of a broad spectrum of enzymes (proteases) and other biologically active agents, which break down dead tissue to a semi-liquid which the larvae feed on.[4]
- Are used to treat selected, chronic, intractable wounds.

Example: LarvE (Biosurgical Research Unit).

Silver

Silver-containing dressings have been developed to treat difficult-to-heal wounds, chronic ulcers and extensive burns.

Silver is a broad-spectrum antibiotic active against such organisms as *Pseudomonas*, *Staphylococcus aureus*, *Escherichia coli* and *Candida albicans*. There has been little reported evidence of resistance. A nanocrystalline structure gives a greater surface area for silver release.

Examples: Acticoat (S&N Healthcare), Actisorb Silver 200 (Johnson & Johnson Medical), Avance (Mölnlycke Health Care).

Silicones

Silicone dressings:

- Have a porous, semi-transparent wound contact layer consisting of a flexible polyamide net coated with silicone.

Elastoplast on television

A television advertisement for Elastoplast spray plaster runs for four weeks from June 19, backed by an outdoor campaign.

- Are non-absorbent but allow exudate to pass from the wound to the secondary dressing.
- Have been used to manage wounds generated by radiotherapy, fingertip injuries, severe mycosis fungoides and epidermolysis bullosa.
- Should not be used on open wounds.

Examples: Cica-Care (S&N Healthcare), Mepitel (Mölnlycke Health Care).

Bioactive dressings

Wound management products will eventually be designed to meet the environmental, nutritional and growth requirements of particular wound types and designated 'bioactive'.

They will comprise such materials as growth hormones, skin substitutes and gene and stem cell therapies. However, their use requires expert assessment and manipulation so it will be some time before they are routinely seen in the community.

Continuing professional development

Reflect

Do you feel you know enough about wound dressings to understand what they have been prescribed and confidently advise your patients?

Plan

If you read this article and carry out the suggested actions, you will have a better understanding of the dressings prescribed in your area, and be more able to advise patients on appropriate product use.

Act

- Look at the dressings you keep in the dispensary and classify them according to the categories listed in this article, and the types of wounds for which they are used.
- Ask the next 20 patients who present prescriptions for dressings what type of wound they have. Does this match your classification? If not, try asking the prescriber what their rationale is.
- Find out if a dressing formulary is used in your area, and obtain a copy if so.

Evaluate

Do you now feel better equipped to deal with queries about and prescriptions for dressings? If you think you need more information, the references listed in this article may help.

References:
1. Cockbill, SME: Wound healing and wound management products. Patient Care in Community Practice 2nd edition (ed. Robin J Harman), 2002, 79-114. Pharmaceutical Press.
2. Cockbill, SME: Dressings in Wound Management. Encyclopaedia of Pharmaceutical Technology (eds. James Swarbrick, James C Boylan), 2005, Marcel Dekker.
3. Appendix 8: Wound management products and elastic hosiery. BNF 50,2005, BMJ Publishing Group and RPSGB: 811-826.
4. Thomas, S, Andrews, A, Jones, M: The use of larval therapy in wound management. J Wound Care, 1998; 7:10, 521-524.

Sarah Cockbill, PhD, LLM, BPharm, MPharm, DAgVetPharm, MIPharmM, FCPP, FRPharmS, is a teaching fellow at the Welsh School of Pharmacy and the Wound Healing Research Unit at Cardiff University. She is secretary of the Veterinary Wound Healing Association.

Honey, it'll be all right

Nature's own sweet answer to wound management can both control infection and stimulate healing

Rose Cooper

Honey is making a comeback as an antibacterial, anti-inflammatory treatment for wounds.

Popular in ancient civilisations, honey was used in conventional medicine in the UK until the 1970s but gradually lost favour with the introduction of proprietary antimicrobial therapies and more sophisticated wound dressings. But the increased prevalence and continuing emergence of antibiotic resistance has stimulated a re-evaluation of this traditional remedy.

Honey has two main therapeutic properties: the ability to control infection and the ability to stimulate healing. It is a super-saturated solution of sugars with a low water content and low acidity in which micro-organisms are unable to grow. This explains why honey rarely spoils on storage.

When applied to wounds, its high osmolarity draws fluid out of the body. This dilutes the honey but – to the surprise of earlier researchers – increases, rather than decreases, its antibacterial activity, suggesting that this activity depends on factors other than the high sugar content.

In the 1960s, honey was found to contain the enzyme glucose oxidase, which is secreted by the honey bee into nectar. This enzyme remains inactive until honey is diluted, when it catalyses the generation of hydrogen peroxide.

A survey of 345 New Zealand honeys showed that some owed their potency to sugar content alone, while others produced hydrogen peroxide on dilution and a few non-peroxide honeys had additional antibacterial activity on dilution that was independent of hydrogen peroxide generation.[1] Despite extensive research, the active ingredients in this third category have not yet been identified – possible candidates include plant-derived organic acids, phenolic compounds, flavonoids and terpenes.

One review showed that 77 microbial species are susceptible to honey.[2] Methicillin-resistant *Staphylococcus aureus* has recently been added to the list. Clinical reports have confirmed that honeys of high potency can eradicate MRSA from wounds and that wounds prevented from healing by repeated infections have healed successfully after application of manuka honey, derived from western tea tree nectar in New Zealand. Other studies confirm that honey can deodorise malodorous wounds, a condition usually caused by anaerobic bacteria.

Honey is considered to be anti-inflammatory, partly because it encourages the outflow of wound exudate, which in turn reduces swelling and pain. Increasing fluid movement in the wound improves the supply of nutrients and oxygen. In addition, honey appears to promote debridement and the formation of healthy granulation tissue, new blood vessels and skin, with minimal scarring.

Preliminary *in vitro* studies suggest that honey might help activate monocytes, which are precursors of macrophages. Inactive macrophages, or a lack of them, is one explanation of why wounds fail to heal. But much more work needs to be done to find out exactly how honey influences healing mechanisms.

Over the past six years, several randomised controlled studies have been published showing the benefits of honey in wound healing. Case studies report its use in pressure sores, leg ulcers, chronic breast wounds and diabetic foot ulcers. More extensive data will become available from further trials in Europe, South Africa, New Zealand and Australia.

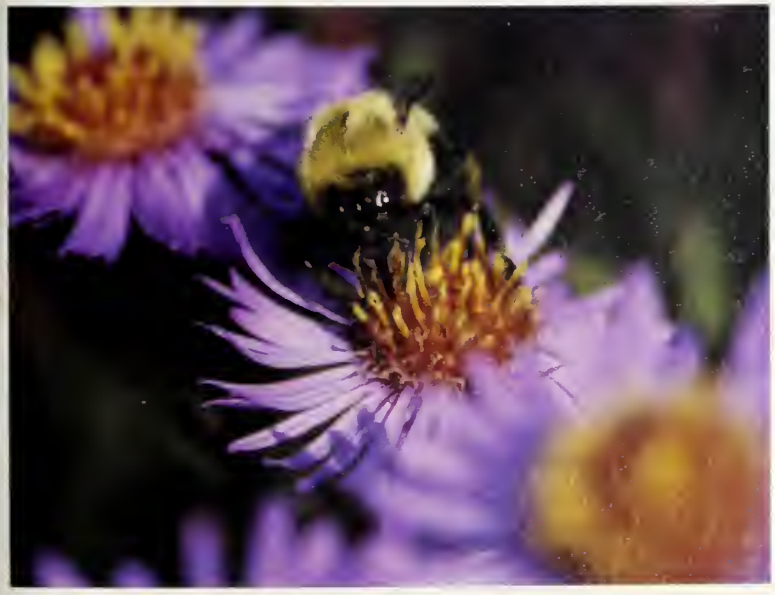
While the evidence pre-2000 was collected on generic honeys, more recent research has focused on sterile medical grade honey products intended specifically for wound management and designed to overcome problems of application.

Modern wound dressings impregnated with manuka honey are now listed in the Drug Tariff. As more licensed products become available, healthcare professionals will be more likely to consider honey in treating wounds and so more data will accumulate.

Although honey will never be ideal for all wounds (some patients experience uncomfortable stinging when it is applied), clinical experience will determine whether previous therapeutic claims were justified.

References:
1. Allen, KL et al 1991. J Pharm Pharmacol 43: 817-822.
2. Molan, PC 1992. Bee World 73 (1): 5-28.
Other references on clinical studies are in Honey: A modern wound management product edited by Richard White, Rose Cooper and Peter Molan. Wounds UK Publishing (£25). Tel: 01224 637371 or www.wounds-uk.com

Dr Rose Cooper is principal lecturer/reader in microbiology, University of Wales Institute, Cardiff (UWIC) and a leading expert on honey in wound care.



Honey's antibacterial activity can be due to osmolarity, hydrogen peroxide generation, or potentially active ingredients derived from the plant

On top of clinical governance?

Clinical governance for pharmacy is underpinned by the legal framework

David Reissner

The NHS pharmacy contract in England has given a specific meaning to clinical governance. It is now mandatory for everyone who provides NHS pharmaceutical services to have an acceptable system of clinical governance and failure to comply with the legal requirements carries potentially drastic consequences.

According to the terms of service in the National Health Service (Pharmaceutical Services) Regulations 2005, specific components of an acceptable system of clinical governance include:

- Having a practice leaflet.
- Publicising NHS services available from the pharmacy.
- A patient satisfaction survey must be carried out annually.
- Owings must be monitored.
- There must be an approved complaints system.
- Pharmacy owners must co-operate with patients' forums and PCT inspections or reviews.
- Monitoring compliance with the Disability Discrimination Act.
- Having clinical audit and risk management programmes.

Risk management is a large issue in itself, requiring pharmacy owners to have, among other things, systems for:

- Appropriate procurement and handling of stock.
- Maintenance of equipment.
- Incident reporting.
- Standard operating procedures.
- Waste disposal.
- Child protection procedures.
- Monitoring compliance with the Health & Safety at Work Act.
- Advice on repeat prescriptions.
- Induction for staff and locums.
- Checking references of all staff.
- Staff development.
- Arrangements for addressing poor performance.
- Confidentiality and data protection.

Risk management involves pharmacy owners assessing the relative seriousness of any risk and the likelihood of that risk occurring; some issues would be very serious if they happened, but the likelihood of such an occurrence may be very low.

The important thing is for pharmacy owners to assess risks, and to focus particularly on any risks which would be relatively serious if they occurred and which have a reasonable chance of happening.

Potentially high-risk issues with a high likelihood of occurrence could often be reduced through induction and training of staff and locums.

Checking staff references could avoid a range of problems. However, this should be accompanied b checking evidence of identity of all staff and locums. All new employees and locums should be asked to produce photographic ID to avoid the ris of impostors in pharmacies.

The complaints procedures required by the statutory terms of service must have specific components:

• Any patient or patient's representative may complain.
• Complaints may be verbal or in writing.
• There is a six-month time limit for complaints.
• The pharmacy must have a complaints manager.
• If verbal, a written record must be kept in the pharmacy.
• The complaint must be acknowledged in writing within two working days.
• If the complaint was verbal, the written record and an invitation to the patient or representative to sign and return it must accompany the acknowledgement.
• The acknowledgement must include information about how the patient can get assistance with the complaint.The complaints manager must investigate each complaint, resolve it speedily and efficiently, and keep the complainant informed of progress. Finally, the complaints manager must send the complainant a written, signed report within 20 working days.

The report must:
• Summarise the complaint.
• Describe the investigation.
• Summarise the conclusions.
• Notify the complainant of his or her right to refer a complaint to the Health Care Commission.

Breach of any of the clinical governance requirements would be a breach of the terms of service. A primary care trust has a number of options: it can take no action; if appropriate, it can refer an alleged breach to the discipline committee of another PCT for investigation; it can refer a breach to the Royal Pharmaceutical Society; and it can refer a breach to the police.

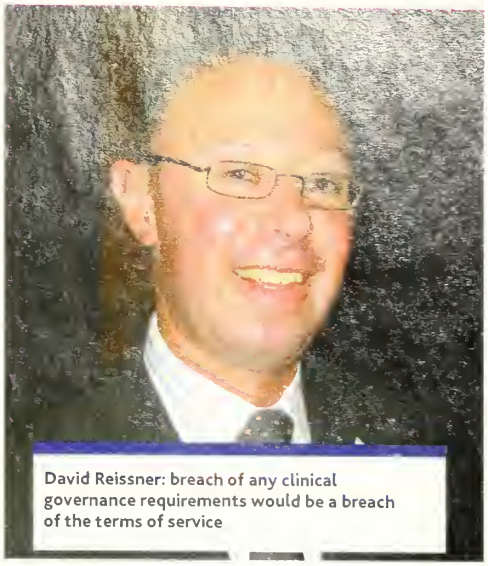
If the PCT wishes, it can refer the alleged breach to all of those bodies. However, if a PCT decides to refer an allegation to more than one body, it should do so at the same time. Sequential investigations are likely to cover the same ground, and result in significant delay in matters being brought to a conclusion.

In one case, a PCT, the police and then the RPSGB investigated an allegedly excessive claim for NHS remuneration. The case took years to conclude. Faced with an argument that the delay had breached the pharmacist's right to a hearing within a reasonable time, under Article 6 of the European Convention on Human Rights, the Society's Statutory Committee agreed it would have to act more leniently than if the case had been heard promptly.

If a case referred to a PCT discipline committee results in a decision that there has been a breach of the terms of service, the discipline committee can decide to take no action, or it can give a warning, or it can decide that an unlimited sum be withheld or recovered from the pharmacy owner's remuneration. There is no limit to the sum, which does not have to relate to the breach: it can be intended to penalise, though it should be proportionate to the breach.

All in all, the very detailed clinical governance requirements in the pharmacy contract impose a range of duties on pharmacists which, if things go wrong, can be very costly. Perhaps that is the most important risk to be considered when risk management assessments are carried out.

David Reissner, is a partner at Charles Russell LLP, solicitors.



David Reissner: breach of any clinical governance requirements would be a breach of the terms of service

The very detailed clinical governance requirements impose a range of duties which, if things go wrong, can be very costly

0207 921 8124

Booking and copy date
12 noon Monday prior
to Saturday publication
subject to availability

Contact:
Amy Turner
Chemist + Druggist (Classified),
CMP Information Ltd
Ludgate House
245 Blackfriars Road
London SE1 9UY

T: 0207 921 8124
F: 0207 921 8130

www.dotpharmacy.co.uk
c&dsales@cmpinformation.com

Buy one get one free on all recruitment advertisements booked for May 2006

Appointments

Dispensers/Technicians

Technician or Dispenser Required

PSNC represents pharmacies in England and Wales that provide NHS services. Pharmacies are funded for providing NHS services including dispensing prescriptions, and a major element of our work is ensuring that they are correctly paid.

We are seeking to recruit an individual who is accurate, has good computer skills and customer-focus to provide information and guidance, in writing and by phone on issues linked to the Drug Tariff and the new pharmacy contract. The role will also involve liaising with a variety of organisations on issues linked to the pricing of prescriptions and contractor reimbursement. Training will be provided. Salary in the region of £17,000 - £21,000 depending on experience.

Hours are 9 - 5pm, Monday to Friday based at the PSNC Office in Aylesbury. Part time or family friendly hours considered.

If you are interested in applying for this post, please email your cv to Marion.Pike@psnc.org.uk.

Deadline: 26th May 2006

Meeting the needs of your community

UNITED HEALTH CARE GROUP

Shaping the future of pharmacy at the heart of the communities we serve, we're looking for enthusiastic and customer focused individuals.

Relief Pharmacists

We are looking for qualified pharmacists to join our relief population, to provide pharmacist cover in the St Helens/Warrington area.

Dispensing Technicians

2x full time, Warrington

1x temporary, St Helens

Opportunities are available for Dispensing Technicians qualified to NVQ Level 3 or equivalent. If you have an interest in developing your skills and product knowledge with a company that is actively committed to your continual professional development, apply today.

As part of the country's largest independent retail co-operative, we can offer you: * Quality training & support * 21 days holiday * Final salary pension * Generous staff discount across the group * Great team environment * Staff incentive scheme

Make a positive difference in your community and email: pharmacyrecruitment@coop.co.uk or write to: Human Resources, United Co-operatives Healthcare Group, Wood House, Etruria Road, Hanley, Stoke-on-Trent ST1 5NW.

Closing date: 26th May 2006.

INVESTOR IN PEOPLE

We are committed to being an equal opportunities employer
A trading group of United Co-operatives
Your Community Retailer

www.pharmacy.co.uk

YIEWSLEY / WEST DRAYTON

DISPENSER / TECHNICIAN REQUIRED

Full Time Pharmacy Dispenser / Technician
required for busy Community pharmacy.
Pharmacy Checking experience an advantage
Competetitive Salary Package according to Experience
Training Provided

Apply with CV to
PillBox Chemists Ltd
153 Maybury Road
Woking, Surrey, GU21 5JR
Tel; 01483-756881 or 07770-337581
e-mail; dvirdee@pillboxchemists.co.uk

DISPENSING ASSISTANT/PHARMACY TECHNICIAN - LONDON N15

Required for refitted branch of Safedale Pharmacy Group. Experience and team work essential to support pharmacist in developing new roles.

Salary dependent on experience.

Contact Stewart at stewart@safedale-ltd.co.uk or Tel: 02088036222

Pharmacy Dispenser/Technician Required
Wigan WN4

Qualified Dispenser for a busy pharmacy.
Salary and working hours negotiable.
Wigan (Ashton-in-Makerfield)
Please contact: Mr Lam on 01942 727498
or e-mail jwk_lam@lamjoe24.demon.co.uk

DISPENSER REQUIRED
Harlow, Essex

Qualified or Trainee Dispenser required for friendly community pharmacy.
Salary and working hours negotiable.

Medicare Pharmacy, Harlow, Essex.
Please contact Mr Hussain
on 01279 413089.

Appointments

Dispenser/Technicians

3 Full Time Pharmacists and 1 Full Time Dispenser Required Leicester

3 Full time pharmacists and
1 full time dispenser required
to work within a 40 mile radius
of Leicester.

Excellent pay and conditions.
Bonus scheme available.

To apply please contact:
Mr Taha Ali on 0116 2662334
and send your CV to
cv.locums@googlemail.com

Pharmacy, W10
Near Ladboke Grove tube station

3 Full Time Vacancies
Opening hours 9am – 7pm

Full Time Qualified Dispenser
with rotational Saturday's

Pharmacy Assistant/ Technician
Preferably with dispensary experience.
with rotational Saturday's

Healthcare Assistant

To apply, please send a letter of application and CV to:
Nelly Amin
106 Golborne Road
London
W10 5PS

Classified

Businesses Wanted

MANOR PHARMACY

Pharmacy Group looking to expand and acquire shops in the North-West & North/West Yorkshire areas.
All turnovers/ size of group considered.
High Premium Paid. All information will be treated with the strictest confidence.
Please contact Mohamed on 07958 428754 or Talha Patel on 07841 328394

Classified

Businesses Wanted

Buying a pharmacy?
Ease the cash flow pains of starting up.
FastFlow for Pharmacy enables you to receive immediate payment for your NHS dispensing.
Contact Andy on Freephone
0808 144 5554
or E-mail: info@pharmacypartners.com
Web: www.pharmacypartners.com
1723
pharmacy partners

Adam Myers
For all your healthcare needs

A small group looking to acquire shops in the Midlands, covering Gloucestershire, Herefordshire, Shropshire, Staffordshire, Warwickshire, Worcestershire and surrounding areas.
All turnovers considered, all information treated with strictest confidence and a high premium paid.
For a quick decision please contact Mr Bhandal on 07710 574890
E-mail: csb@adammyers.co.uk

COHENS CHEMIST GROUP

Pharmacy chain looking to expand in the North-West & West Yorkshire areas.
Best prices paid, all turnovers/size of groups considered.
please contact Colin Caunce on 07966 524162 or Yakub Patel on 07930 577799.

THINKING OF SELLING YOUR PHARMACY!

- **We have approximately 1,000 serious purchasers willing to pay top prices.**
- **This means that you can expect several offers for your business enabling us to obtain the best price achievable.**
- **We expect to achieve 10% – 20% more than you will obtain if trying to sell your pharmacy yourself.**
- **We only introduce serious purchasers who have signed confidentiality agreements.**

*Call **Anne Hutchings** today for a confidential discussion and a free valuation.*
If you prefer to call in the evening or weekend please call Anne's personal mobile

07810 561665

Hutchings Consultants Ltd
Pharmacy business sales and valuations
Tel: 01494 722224
www.pharmacyexperts.com
email: anne@hutchingsandco.com

Products and services

Products and services

Products and services

Shopfitting

Shopfitting

Tax Consultants & Accountants

Tax Consultants & Accountants

Green fingered pharmacy staff provide primary care

Pharmacists lend a hand at school

Wolverhampton pharmacy staff have transformed a school's overgrown garden.

Four staff from Midcounties Co-operative pharmacy branches in Wolverhampton tidied up the garden and cleared the pond at Underhill Primary School as part of Business in the Community's initiative known as Cares.

Lisa Cotterill, a trainee dispenser at the pharmacy in Raynor Road, led colleagues Cath Kelly, Bal Dhatt and Steph Pearson, with extra assistance from Lisa's children Rachel and Rebecca.

"It was a great day that we all found very rewarding and the school really appreciates what we managed to achieve," says Lisa.

The Walsall Co-op has a strong link with Underhill Primary School and has assisted it in a number of projects over the past two and a half years.

Pictured right are Lisa Cotterill (centre) with pupils Alex Graham and Sharice Andrea, both aged 10, and the other volunteers

Back in the driving seat with new generics company Apotex is Colin Darroch, seen here getting an inkling o what it might be like to do 150mph with your backside 6ins off the ground. To raise the company's profile wit customers, Apotex is sponsoring the car in the Formul Renault UK championship, which kicked off this year a Brands Hatch on April 8-9. Driven by Will Bratt, the c makes its next outing this weekend at Oulton Park, an at Thruxton on June 3-4. Watch out for the blue and silver livery!

Abbott Diabetes Care supports budding tennis star

Abbott Diabetes Care is sponsoring Charlie Buirski, a young tennis player with type 1 diabetes.

The blood glucose meter manufacturer's support will enable the 14-year-old, one of the highest ranked players in his age group, to receive top professional coaching at Millfield School, Somerset, while continuing with his education.

Charlie has used an Abbott Freestyle Mini meter to monitor and control his blood glucose levels since his diagnosis three years ago.

Charlie's mother, Leonora, says he finds the meter easy to use and it has helped him to adapt to his condition with relative ease. It is also discreet, allowing him to get on with his life while working towards his dream of becoming a professional tennis player.

Pharmacist wins trip to Andalucia

A Coventry pharmacist won a week's fly-dri holiday to Andalucia in C+D's March Pharmacy Travel competition.

Deb Edwards, pharmacy manager at Lloydspharmacy in Meriden, was shocked to hea the news. "I can't believe it. It's the first time I'v ever won anything – these things don't happen people like me."

She is taking her husband, Rick. It will be her visit to Spain since she went to Torremolinos as teenager in the 1960s.

"We've booked the holiday for September 2," she says. "We're too old for a beach holiday, so we'll go to the Sierra Nevada mountains and Seville. I'm also quite interested in taking an excursion to Morocco."

WIN £500 towards the Princess Cruise of your choice

Princess offer casual American-style luxury cruises

As soon as you step aboard one of their impressive ships you will quickly relax and unwind. There's an unrivalled choice of daytime and evening activities, dazzling entertainment and mouthwatering dining options. **Princess** feature more ports of call around the world than any other cruise line so you can discover fascinating destinations from the Mediterranean and Baltic to the Caribbean, Alaska and beyond.

The prize is £500 towards any **Princess Cruise** (or fly/cruise package) taken between 01 July 2006 and 31 March 2007 (subject to availability and date exclusions). The booking must be for a minimum of 2 persons. The prize value will deducted from the final balance due irrespective of total booking cost.

See special offer opposite for more information about Princess Cruises

Rules **1**.This competition is open to any pharmacist or permanent member of staff who works at an address which receives either *C&D* or Community Pharmacy **2**.Competitors may enter through *C&D* or Community Pharmacy, but may only submit one entry. Double entry will disqualify both entries **3** Entries must be on an original coupon from *C&D* or Community Pharmacy, and to be eligible for the prize entrants must correctly answer the question on the coupon **4**.The prize offered will be as stated. No alternative holidays or cash prizes will be offered **5** Names of winners will be published in *C&D* and Community Pharmacy **6** In any dispute, the decision of CMP Information Pharmacy Group's publishing director will be final and no correspondence will be entered into **7**.Employees of CMP Information Ltd, Holidaysaver and trading divisions and their immediate families are forbidden to enter **8**.No purchase is necessary to participate **9** The closing date for this month's competition is as printed on the entry coupon.

TRAVEL**PRIZE**

Entry coupon May13CD

Closing date June 1, 2006

Q Hydrogel dressings for wounds are soluble in water. True or false?

A

Full name

Full pharmacy name and address

Post Code

Send your entry to: Pharmacy Travel, CMP Information, Sovereign Way, Tonbridge, Kent TN9

Incomplete entries will not qualify for the prize draw

Information you supply to CMP Information Ltd and TCI Direct may be used for publication where you provide details for inclusion in our directories, catalogues and or our we